UAMS Dental Hygiene
Clinic Manual

2026 – 2027
(Revised July 28, 2026)

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Introduction

Welcome to the University of Arkansas for Medical Sciences College of Health Professions Dental Hygiene Program

The following manual constitutes the clinical protocols, procedures, and policies for the University of Arkansas for Medical Sciences (UAMS) Department of Dental Hygiene. Each dental hygiene student is expected to know and to abide by the policies outlined in this manual. This manual is available on Blackboard and in the clinic for student and faculty reference. Program policies are included in the UAMS Department of Dental Hygiene Program Policies & Procedures Manual.

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff, or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 401 North Michigan Avenue, Chicago, IL 60611-4250 or by calling 1-800-232-6108.

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Graduate Competencies

The competencies established indicate the knowledge and skills required of graduates of the UAMS Dental Hygiene program in order to practice as competent, entry-level dental hygienists. Demonstration of competence in these areas by all graduates is required with examples of evidence to demonstrate compliance within the full graduate competencies document provided by the Commission on Dental Accreditation, as indicated in the following Standards:

Standard 2-Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for all patient populations including:

1) **child**
2) **adolescent**
3) **adult**
4) **geriatric**
5) **special needs**

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

a) **comprehensive collection of patient data to identify the physical and oral health status;**
b) **analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;**
c) **establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;**
d) **provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;**
e) **measurement of the extent to which goals identified in the dental hygiene care plan are achieved;**
f) **complete and accurate recording of all documentation relevant to patient care.**

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

2-15 Graduates must be competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.

2-16 Graduates must demonstrate competence in:

a) **assessing the oral health needs of community-based programs**
b) **planning an oral health program to include health promotion and disease prevention activities**
c) **implementing the planned program, and,**
d) **evaluating the effectiveness of the implemented program.**

2-17 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Students must be informed of the duties for which they are educated within the program.

Ethics and Professionalism

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

2-22 Graduates must be competent in the evaluation of current scientific literature.

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Adapted from:
1) Accreditation Standards for Dental Hygiene Education Programs, Commission on Dental Accreditation.
2) University of Arkansas for Medical Sciences, general education competencies

UAMS Dental Hygiene Program Goals and Objectives

The following dental hygiene program goals reflect the mission of the University and College. Reflected in the curriculum, the program competencies support the attainment of the program goals.

Goal 1 Education

Through appropriate evidenced-based education, graduates will be equipped with the knowledge, skills, and attitudes to be competent and qualified dental professionals that value life-long learning.

Dental hygiene students will:

1. Complete a curriculum that is aligned with CODA Standards and the ADEA Compendium Guidelines.
2. Advance the science of dental hygiene practice through participation in scholarly and research activities to include completion of Seminar I and II that focus on evidenced-based practice and review of scientific literature.
3. Complete a theory course that incorporates the importance of life-long learning.

Goal 1 outcome measures: course grades, course evaluations, NBDHE pass rates, graduation rates, portfolio, evidence-based decision-making assignment, self-directed learning project

Goal 2 Clinical Patient-centered Care

Dental hygiene graduates will possess the clinical skills and knowledge fundamental to providing high quality patient-centered care to all populations in an ethical and professional manner.

Dental hygiene students will:

1. Utilize and complete a non-graded clinical competency-based program incorporating the dental hygiene process of care to demonstrate competence.
2. Employ ethical and professional attributes as well as patient-centered care throughout the clinical program.

Goal 2 outcome measures: clinic competencies, clinic course grades (pass rates), student self-assessments, mock boards, alumni surveys, employer alumni surveys

Goal 3 Professional Service

Dental hygiene graduates will promote oral health as an integral part of the health and welfare of the community through involvement in oral health care programs and activities for diverse populations.

Dental hygiene students will:

1. Participate in professional organizations and community dentistry projects to advance the profession through leadership and service activities.

Goal 3 Outcome Measures: student professional organization membership and participation, community dentistry lesson plan, community dentistry team project, and community dentistry lab portfolio.

Goal 4 Interprofessional Collaboration

Dental hygiene graduates will possess skills to engage in interprofessional collaboration.

Dental hygiene students will:

1. Participate in the interprofessional collaboration at the university.

Goal 4 outcome measures: UAMS IPE Milestones, clinical hours at the 12th Street Health and Wellness Center

Contact Information

Program Chair	Bridget Fitzhugh 501-686-6864 Bfitzhugh2@uams.edu
Clinic Coordinator	Brynn McCollum 501-686-6869 Bmccollum@uams.edu
UAMS Dental Hygiene Clinic	Main Office (Front Desk) 501-686-5733
Clinic Operations Coordinator	Lilly Tompkins Ltompkins@uams.edu 501-686-7458
Clinic Workroom	501-296-1118

Clinic Guidelines

Breach of Protocols
At the UAMS Dental Hygiene Clinic, students are required to follow all program policies and procedures. Unprofessional behavior may result in different academic repercussions.

Clinical Patients
The UAMS Dental Hygiene Clinic has a patient pool that provides a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. However, if the student does not have a patient scheduled, it is incumbent on the student to find a patient for that time slot. In order to meet accreditation standards, the student must meet all requirements.

Clinic Arrival Times
All students must arrive 30 minutes prior to scheduled appointment including students assigned to clinical assistant, peer evaluation, or front desk duties.

*Students who arrive late will still treat their patient, but also receive a no patient (NP) that must be made up on a later date.

Lab/Clinic Times

Lab/Clinic	Day	Time	Appointment Times
Radiography Lab	Monday (Fall) or Friday (Srping)	8:00 a.m. – 12:00 p.m.	N/A
Pre-Clinic Lab	Monday	1:00 – 4:00 p.m.	N/A
	Wednesday	8:00 – 4:00 p.m.	N/A
Local Anesthesia Lab (summer)	Thursday	8:00 – 4:30 p.m.	N/A
	Friday	8:00 – 4:30 p.m.	N/A
Clinic I	Monday	1:00 – 4:00 p.m.	1:00 p.m.
	Wednesday	8:00 a.m. – 4:00 p.m.	8:00 a.m., 12:30 p.m.
Summer Clinic	Monday – Friday	8:00 a.m. – 4:30 p.m.	8:00 a.m., 10:30 a.m., 2:00 p.m.
Clinic II	Tuesday/Thursday	8:00 a.m. – 4:30 p.m.	8:00 a.m., 10:30 a.m., 2:00 p.m.
Clinic III	Tuesday/Thursday	8:00 a.m. – 4:30 p.m.	8:00 a.m., 10:30 a.m., 2:00 p.m. (before spring break) 8:00 a.m., 10:00 a.m., 1:00 p.m., 3:00 p.m. (after spring break)

Students are not allowed to leave the clinic until their section instructor has dismissed them. Students are required to clean their units/area and suction traps before they leave.

Attendance
Please note the following excerpt from the Department of Dental Hygiene Policies and Procedures Manual for Attendance Policy: To learn techniques for clinical practice, attendance at clinic/pre-clinic sessions is mandatory. Any clinic/pre-clinic absence must be accompanied by a written excuse, such as a doctor's note or a note from the student describing the circumstances (e.g., death in the family, family emergency). This written excuse must be emailed or delivered in person to the Program Director, Clinic Coordinator, and Clinic Operations Coordinator within two days of returning to clinic/class. Students must make up any missed clinic time by consulting with the Clinic Coordinator to arrange the make-up session. If students will be late, they must inform the Clinic Coordinator, Clinic Operations Coordinator, and the rotation site before the clinic session begins.

Clinic/pre-clinic absences exceeding five days per semester may result in dismissal from the program. Students must notify the Clinic Coordinator, Program Director, Clinic Operations Coordinator, and the rotation site when they are absent from clinic/pre-clinic. Under no circumstances should students leave the clinic area without the permission of the section instructor.

Students must leave the clinic by 5:30 p.m. unless supervised by clinical faculty or staff. Students are not permitted in the clinic on non-clinic days.

Switching Rotations
Students are not allowed to switch rotation sites or units with other students unless approval is granted by the Clinic Coordinator. Requests must be in writing (email is acceptable).

Dress Code/Personal Belongings
Attire
Uniforms (black scrubs), scrub caps, shoes, and shoelaces must be neat and clean at all times. Scrub pants may not drag the floor. Socks must be worn at all times. A long-sleeved underscrub may be worn if indicated.

Gowns
All students must wear an isolation gown over scrubs during patient treatment and/or helping with clinical activities involving, but not limited to, clinic assistant duties, section duties, peer assisting/observation, etc.

UAMS ID badge
Students are required to wear their UAMS ID badge at all times on campus. In clinic, the badge must be worn under the isolation gown.

Jewelry
Students may wear one pair of single stud earrings that are ¼ inch or smaller, as well as a wristwatch with a sanitizable band. No other jewelry is permitted. This includes students working as front desk personnel. Failure to comply with this clinic guideline may result in an NP.

Fingernails
Nails must be clean and neatly trimmed short. False, acrylic, gel/powder nails, etc., are prohibited. Nail polish of any kind is not allowed.

Hair
Hair must be covered by a scrub cap, with buns pinned and kept neat. Hair should be a natural color. For those assigned to the front desk, hair must be pulled back and neat. Facial hair, including sideburns and mustaches, must be kept short and well-groomed.

Eyelashes
Wearing of false eyelashes must not hinder the utilization of clinician's eyewear/loupes.

Personal Hygiene
Students should be aware that maintaining good personal hygiene is crucial due to the close proximity required for patient treatment. Wearing perfumes or using strongly scented soaps, detergents, and similar products is not permitted. Appropriate personal hygiene, including daily bathing and the use of deodorant or antiperspirant, is required to maintain professionalism and foster a positive patient care environment.

Food/Drink
Students are not allowed to have food/drink in the operatories or clinical working spaces. Chewing gum is not allowed. If a snack is necessary (i.e., low blood sugar), the student may go to the student breakroom to eat.

Student Belongings
Students are required to place their belongings in student lockers in the clinic hallway. Students are not allowed to wear headphones, earbuds, air pods, etc. while in the clinic.

Professionalism
Students are expected to act professionally, mirroring the behavior of qualified dental professionals in their work environment. The UAMS Dental Hygiene Clinic adheres to the CHP Student Academic Professional Standards Policy 02.00.02. The link can be found at https://healthprofessions.uams.edu/faculty/wp-content/uploads/sites/17/2025/02/02.00.02-Student-Academic-Professional-Standards.pdf Unprofessional behavior may result in different academic repercussions.

Artificial Intelligence
The use of artificial intelligence (AI) wearable technology, including but not limited to AI-powered glasses (e.g., smart glasses capable of recording, transmitting, analyzing, or displaying digital content), is strictly prohibited in all clinical settings and during any examinations, quizzes, competency assessments, or mock board examinations.

Students may not wear AI-enabled glasses at any time while:
Providing patient care
Participating in laboratory or clinical sessions
Completing written or practical examinations
Engaging in competency evaluations
This prohibition applies regardless of whether the AI functionality is actively in use.

Students who require corrective lenses must bring a non-digital, non-AI-enabled backup pair of prescription glasses for use during examinations and clinical sessions when necessary.

Local Anesthesia
Documentation of local anesthesia must include the type of anesthetic agent (specifying the type and amount of vasoconstrictor), and the number of cartridges used for each injection. Students are required to complete and have patients sign the local anesthesia consent form. To demonstrate competency in an injection, students must have the appropriate armamentarium and verbally state their process throughout the injection. Competency criteria for local and topical anesthesia are posted in the Local Anesthesia course on Blackboard and in the clinic manual.

Instructor Signatures
Competency/requirement (clinic/local anesthesia) and treatment logs must be signed by an instructor within 5 business days. The student will not receive a signature beyond the 5 business days. Treatment notes must be signed by the instructor the day of treatment.

Infection Control Policies/Protocols

Importance of Infection Control in Dentistry
Both patients and dental healthcare personnel (DHCP) can be exposed to pathogens. DHCP in the UAMS Dental Hygiene Clinic include faculty (dentists and dental hygienists), dental hygiene students, and staff. Contact with blood, oral and respiratory secretions, and contaminated equipment occurs. Proper procedures can prevent transmission of infections among patients and DHCP.

Modes of Transmission of Infectious Materials at a Dental Office
- Direct contact with blood or body fluids
- Indirect contact with contaminated surface or instrument
- Contact of mucosa of the eyes, nose, or mouth with droplets or spatter
- Inhalation of airborne microorganisms (aerosol)

Chain of Infection Model
- An adequate number of pathogens or disease-causing organisms are needed to cause disease.
- A reservoir or source that allows the pathogens to survive and multiply (e.g. blood)
- A mode of transmission from the source to the host
- An entrance through which the pathogen may enter the host
- A susceptible host for e.g. one who is not immune

The occurrence of all of these events is considered the chain of infection. An effective infection control strategy disrupts one or more links in this chain.

Aerosol and Splatter in Dentistry
Many dental procedures produce aerosols and droplets that are contaminated with bacteria and blood. Aerosols are defined as particles less than 50 μm in diameter. Splatter is airborne particles larger than 50 μm in diameter. Most all dental procedures that incorporate dental hand pieces, ultrasonic scalers, air polishers, and combined use of water and air produce aerosols. The smaller particles of an aerosol have

the potential to penetrate and lodge in the smaller passages of the lungs and are thought to carry the greatest potential for transmitting infections.

Methods Used to Eliminate Aerosols
Patients use an antiseptic pre-procedural rinse (Peroxyl) when seated in the dental chair.
A high-volume evacuator (HVE) is used during all aerosolizing procedures. The HVE is known to eliminate 90 percent of the contamination. All DHCP use the appropriate protective personal equipment.

Standard Precautions
The UAMS Dental Hygiene Clinic adheres to standard precautions, which are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where oral health care is delivered. These practices are designed to both protect faculty/students and prevent faculty/students from spreading infections among patients.

Standard Precautions include:

- Hand hygiene
- Use of personal protective equipment (e.g., gloves, masks, eyewear, gowns)
- Respiratory hygiene/cough etiquette
- Sharps safety (engineering and work practice controls)
- Safe injection practices (i.e., aseptic technique for parenteral medications)
- Sterilization and disinfection of patient care items
- Clean and disinfected environmental surfaces

Hand Hygiene
Hand hygiene is the most important measure to prevent the spread of infections among patients and faculty/students. The Clinic follows CDC handwashing guidelines, which are provided in the link https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html.

Hands are washed:

- at the beginning of the day
- prior to setting up dental unit
- before gloves are place
- after gloves are removed
- after all PPE is removed
- when hands are visibly soiled (dirt, blood, body fluids)

PPE
Personal protective equipment (PPE) refers to wearable equipment that is designed to protect faculty/students from exposure to or contact with infectious agents. PPE is used during patient treatment, cleaning and disinfecting, and throughout the sterilization process. PPE worn in the clinic is donned in the following order: isolation gowns, masks (N95 respirators or level 3), protective eyewear (loupes/face shields), and gloves. Gloves are not worn outside the operatory. Hand hygiene is performed directly prior to donning gloves and is always the final step after removing and disposing of PPE. Masks and eyewear are to be worn at all times in clinical treatment and sterilization areas.

Respiratory Hygiene/Cough Etiquette
Respiratory hygiene/cough etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. The strategies target primarily patients and individuals accompanying patients to the dental setting who might have undiagnosed transmissible respiratory infections, but also apply to anyone (including DHCP) with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions. DHCP are educated on preventing the spread of respiratory pathogens when in contact with symptomatic persons. In order to prevent the spread of infection after coughing/sneezing, tissue and hand sanitizer is provided to DHCP and patients in the waiting room and in all operatories.

Sharps Safety & Safe Injection Practices
Most percutaneous injuries (e.g., needlestick, cut with a sharp object) among DHCP involve burs, needles, and other sharp instruments. Implementation of the OSHA Bloodborne Pathogens Standard has helped to protect DHCP from blood exposure and sharps injuries. However, sharps injuries continue to occur and pose the risk of bloodborne pathogen transmission to DHCP and patients. Most exposures in dentistry are preventable; therefore, each dental practice should have policies and procedures available addressing sharps safety. DHCP in the Clinic are made aware of the risk of injury whenever sharps are exposed. When using or working around sharp devices, DHCP take precautions while using sharps, during cleanup, and during disposal. Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens. Safety equipment used in the clinic includes a needle-recapping device and sharps disposal containers. All DHCP are required to wear appropriate PPE, including gowns, masks, eyewear, and heavy-duty gloves when removing the needle and the carpule from the syringe. All sharp items are placed in the appropriate puncture-resistant container (sharps container) located in each operatory. UAMS Occupational Health and Safety dispose of sharps containers prior to getting full.

Sterilization and Disinfection of Patient Care Items
Sterilization means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. The major stylizing agents used are moist heat by steam autoclaving, ethylene oxide gas, and dry heat. However, there are a variety of chemical germicides (sterilant) that have been used for purposes of processing reusable heat-sensitive medical devices and appear to be effective when used appropriately, i.e., according to the manufacturer's instructions. These chemicals are rarely used for sterilization but appear to be effective for high-level disinfection of medical devises that come into contact with mucous membrane during use.

Patient care items are categorized as critical, semi-critical, and non-critical items depending on the potential risk of infections associated with the intended use. Critical items used to penetrate soft tissue or bone have the greatest risk of transmitting infection. Examples of critical items used in the Clinic are instruments (scalers, curets, explorers, probes, and mechanical scaler tips). Semi-critical items touch mucous membranes or nonintact skin and have a lower risk of transmission. Examples of semi-critical items used in the clinic include dental mouth mirrors, dental handpieces, syringes, and x-ray holing devices. All critical and semi-critical items are sterilized by heat. Non-critical items pose the least risk of transmission of infection, contacting only intact skin. Examples of non-critical items in the Clinic include x-ray machines, safety eyewear, and blood pressure cuffs. The majority of these items, cleaning, or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfected (Sani-

wipes) is performed in the Clinic. When cleaning or disinfection of certain noncritical patient-care items are difficult or will damage the surfaces, barriers are utilized to protect these surfaces (i.e. x-ray head).

General Sterilization Procedures

- PPE is required during the sterilization and disinfection of patient care items including, a gown, mask, protective eyewear, and heavy-duty gloves that are puncture proof.
- All instruments are placed in a cassette and transported to the sterilization room in a covered puncture-proof container.
- Critical and semi-critical items are cleaned in an ultrasonic for ten minutes to remove debris in order to improve cleaning effectiveness and decrease exposure to blood. If instruments are visibly soiled, an enzymatic spray is used prior to ultrasonic cleaning.
- The Clinic uses an FDA-cleared autoclave to sterilize critical and semi-critical items.

Instrument Processing Area

- The sterilization room is divided into areas. Those areas include: receiving, cleaning, and decontamination. There is a "clean" and a "dirty" area.
- The items received are brought into the instrument processing area in a covered puncture-proof container.
- All items that have visible blood on them are cleaned with an enzymatic spray.
- An automated cleaning device (ultrasonic cleaner) is used to remove debris in order to improve the cleaning effectiveness and decrease worker exposure to blood.
- Instruments are not manually cleaned unless it is necessary. If so, the Clinic Operations Coordinator will utilize a long-handled brush and heavy-duty gloves.
- A mechanical indicator is used in the ultrasonic to ensure the ultrasonic is working properly.

Preparation and Packaging

- Following ultrasonic cleaning, items are rinsed and dried prior to packaging.
- Chemical indicators are used to ensure proper sterilization occurred. An internal chemical indicator is placed in each package. The students check the internal integrator to ensure proper sterilization before using instruments. An external chemical indicator is placed on the outside to each package. All packing used has received FDA clearance.
- Packages are inspected for proper wrapping and packing prior to sterilization.

Sterilization

- If items placed in the autoclaved were not properly sterilized, the items will be re-sterilized.
- Sterilization bags are faced down (paper side up) on autoclave rack.
- Items placed in autoclave are not stacked on top of each other.
- All items are dried prior to removal from autoclave.

Sterilization Monitoring

- Mechanical, chemical, and biological monitors are used according to the manufacturer's instructions to ensure the effectiveness of the sterilization process.
- A biological indicator with a matching control (i.e., biological indicator and control from the same lot number) is used on a weekly basis in the autoclave.

- Biological monitoring/spore testing is performed with an in-house, 24-minute monitoring system.
- If there is a positive spore test, the sterilizer is not used, and the sterilization procedures are reviewed to determine if an operator error could be responsible. The sterilizer is retested by using a biological, mechanical, and chemical indicators after correcting any identified procedural problems. If repeat spore test is negative, and mechanical and chemical indicators are within normal limits, the sterilizer can be utilized again.
- If the repeat spore test is positive, the sterilizer is sent to be repaired or to determine the exact reason for the positive test. The sterilizer has to pass the spore test, and the mechanical and chemical indicators have to be within normal limits prior to resuming utilization.
- Sterilization records (mechanical, chemical, and biological) are maintained in compliance with state and local regulations.
- A sterilization process checklist is completed weekly to ensure the process is meeting OSHA standards.

Storage for Sterilized Items and Clean Dental Supplies

- Sterilized wrapped instruments are placed in cubbies. All other sterilized items are in closed containers throughout the clinic.
- Even for event-related packaging, the date of sterilization and the specific sterilizer used is written on the autoclave tape on the outside of each package to facilitate the retrieval of processed items in the event of a sterilization failure.
- Wrapped packages are examined before opening them to ensure the barrier wrap/package has not been compromised during storage.
- Sterilized wrapped instruments or packages have a sterile shelf life of one year.

Water lines

Municipal water contains microorganisms that may be considered safe for drinking water but could potentially cause patient infections when used during dental procedures. Dental unit waterlines, including those connected to municipal water sources or closed-bottle systems, typically cannot be sterilized; however, they should be routinely cleaned and disinfected. Without proper cleaning and disinfection, waterborne microorganisms can collect in the dental unit waterline and form a biofilm, a layer of microorganisms or bacteria adhered to the surface of the dental unit waterline, that can become dislodged and enter the water stream. Contaminated dental unit waterlines pose a risk of infection to the patient, particularly during surgical procedures by direct exposure of waterborne pathogens and to dental professionals due to inhalation of aerosols.

All dental units should use systems that treat water to meet drinking water standards (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). Independent reservoirs—or water-bottle systems—alone are not sufficient. Commercial products and devices are available that can improve the quality of water used in dental treatment. Consult with the dental unit manufacturer for appropriate water maintenance methods and recommendations for monitoring dental water quality. During surgical procedures, use only sterile solutions as a coolant/irrigant using an appropriate delivery device, such as a sterile bulb syringe, sterile tubing that bypasses dental unit waterlines, or sterile single-use devices.

A reservoir (bottle) is attached to the dental unit water line. The reservoir bottle is to be refilled when empty, adding an ICX tablet each time it is filled. After each patient, the water lines are flushed for 20 seconds. Water lines in the dental units are shocked quarterly with Ultrashock waterline shock treatment. Water lines in the Airflow Prophylaxis Master units are shocked weekly with Monarch line cleaner (blue liquid) treatment. Water lines are monitored quarterly utilizing a quick pass water test. If there is a positive test, the water lines are shocked to ensure that the water lines are clean and then retested.

Waterlines will be monitored for water quality to see that they are staying under the 500 CFU/ml. Our waterlines are monitored with an in-house testing system. The person testing will be trained how to collect samples by proper infection control technique. All dental unit water lines will be flushed in the morning before the first patient 2 minutes and between patients for 20 seconds.

The Clinic keeps records to ensure waterline procedures are followed as well as waterline tests.

Environmental Infection Prevention and Control
In order to ensure proper infection control, the following procedures are performed prior to treatment and following treatment. Students are required to watch a video on donning and doffing PPE. This process is practiced in Pre-clinic.

Pre-treatment (beginning of day)

- Perform handwashing
- Don PPE (gown, mask, eyewear)
- N95 respirators are provided for students when applicable and are replaced between patients.
- Don the level three mask separately if not wearing an N95 respirator. Masks are to be replaced between patients.
- Perform handwashing
- Don gloves
- Clean and disinfect (wipe/discard/wipe) using a hospital level disinfectant
- Remove gloves
- Perform handwashing
- Place barriers

Post-treatment

- Don heavy duty gloves
- Place instruments in covered puncture-proof container to transport to sterilization
- Complete sterilization process
- Remove barriers
- Clean and disinfect (wipe/discard/wipe) using a hospital level disinfectant on surfaces
- Remove gloves
- Perform handwashing
- Clean and disinfect patient and operator eyewear
- Doff PPE
- Gowns are used daily. Gowns are replaced when visibly soiled.
- At the end of the day, gowns are placed in a biohazard container.
- Perform handwashing

Infection Prevention and Education Training
Faculty, staff, and students are trained on infection control. An annual update on infection control policies is performed based on CDC guidelines.

Bloodborne Pathogen Policies/Exposure Control Plan

Policy
The Department of Dental Hygiene is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard *29 CFR 1910.1030*, Occupational Exposure to Bloodborne Pathogens.

Program Administration
Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan (ECP). The Program Director, Clinic Coordinator, and the Clinic Operations Coordinator are responsible for implementation of the ECP.

The Clinic Coordinator and the Clinic Operations Coordinator maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The Clinic Coordinator and the Clinic Operations Coordinator provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

UAMS Department of Dental Hygiene ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Student and Employee Health Services (SEHS) are responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. SEHS services contact information is provided below:
4301 West Markham
Little Rock, Arkansas 72205
501-686-6565

Training and Updates
Employees and employees covered by the bloodborne pathogens standard (i.e. have occupational exposure to bloodborne pathogens) receive training by UAMS via Workday, an online training system, on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Training occurs at initial employment/student orientation as well as annual updates.

UAMS provides bloodborne pathogens training via Workday. The Clinic Coordinator is responsible for collecting the documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Training materials for this facility are available online via Workday. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the UAMS Dental Hygiene Clinic.

All employees, students and potential applicants can review this plan at any time via the Department of Dental Hygiene's website and in Department of Dental Hygiene's Clinical Manual via Blackboard.

Maintenance of Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

UAMS SEHS is responsible for maintenance and confidentiality of the required medical records. SEHS keep the documentation in their files for at least the duration of employment plus 30 years. SEHS medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be sent to SEHS.

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Sharps Injury Log

If applicable, in addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are reported to SEHS or the Preventive Occupational Medical Clinic. In the event of an exposure, the employee/student complete the UAMS Injury and Incident report found on the UAMS website using the following link: Injury and Incident Reporting | Environmental Health and Safety

The Injury and Incident Report includes the following:

- employee/Student name and ID number
- the department or work area where the incident occurred
- type of injury/incidence
- the type and brand of the device involved
- an explanation of when and how the incident occurred

Exposure Incident Response

After reporting an incident to the Clinic Coordinator, the employee/student follow the UAMS Needlestick/Sharps injuries and Blood/fluid exposure policy (Number: HR.4.01). The information below is directly from the policy:

> *Needle stick/Sharps Injuries and Blood/Body Fluid Expo), all employees, non-employees and students who are exposed to blood and body fluids during the performance of their job duties or while fulfilling their educational responsibilities are required to report the exposure. All employees, non-employees and students who have a blood/body fluid exposure will be offered a medical evaluation regardless of the type of exposure or risk status of the source patient. UAMS will offer chemoprophylaxis to employees, non-employees and students who have -- + `sustained a blood or body fluid exposure from either a high risk or HIV positive patient.*

Chemoprophylaxis will be offered in accordance with current CDC recommendations and the UAMS Post-Exposure Prophylaxis protocol which involves counseling and informed consent. The decision to treat will rest with the exposed individual and the evaluating provider.

The employee, non-employee or student will call the Preventive Occupational Medicine (POEM) clinic at 501-686-6565 during normal business hours to arrange for a medical evaluation. Additional follow up is not required. The employee, non-employee or student is responsible for completion of all information relevant to the Incident & Injury form online. Employees only are responsible for calling the Company Nurse Injury Hotline if treatment is sought (855) 339-1893. If the source patient lab results are non-reactive the exposed employee will be directed to report to the POEM clinic the next business day. The exposed individual will be offered Hepatitis B vaccine or other prophylaxis as determined by the treating provider. Baseline labs according to CDC Guidelines will be drawn on the exposed individual at the time of the initial visit. Additional follow up lab tests will be conducted according to current CDC guidelines.

If chemoprophylaxis is recommended, preferably it should be given within two hours of exposure for best results. If the source patient has AIDS or is sero-positive for HIV, the employees, nonemployees or students will be:
1. prophylaxed
2. counseled to report back to POEM for any febrile illness that occurs within 12 weeks of exposure and that may be indicative of recent HIV infection (such as illness characterized by fever, rash, or lymphadenopathy)
3. If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day.

If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day. If the source patient is sero-negative for HIV, the exposed individual will be tested for HIV according to the CDC Guidelines.

Any exposed individual tested for HIV following an injury or exposure and is found to be sero-positive will be informed of the test results by a provider and will be counseled regarding the need for further confirmatory testing.

Reporting of positive tests results will be done in accordance with the UAMS Administrative Guide Use and Disclosure of PHI and Medical Records Policy and UAMS Administrative Guide Employee/Student Incident/Injury Reporting Source Patient Is Diagnosed or Suspected of Having a Blood-Borne Infection: A. The nursing supervisor or designee will notify the evaluating provider if the source patient has any of the following diagnosed or suspected blood-borne infections including Arthropod-borne viral fevers, Babesiosis, Creutzfeltd-Jacob Disease, Hepatitis B, Hepatitis C, Leptospirosis, Malaria, Rat-bite fever, Relapsing fever, Syphilis, primary and secondary, and/ or HIV. Prophylactic treatment will be based on current CDC guidelines. An infectious disease specialist should be consulted for known exposure to any disease listed above and when additional guidance is needed.

Employees who suffer an exposure on the job will be covered by Workers' Compensation. A claim for such shall be initiated when the employee calls the Company Nurse Injury Hotline (855) 339-1893 and complete the I&I form. Claims for UAMS students who suffer an exposure during a course of study at UAMS will be made to the student's insurance and/or the appropriate college. Non-employees and visiting students who have a blood/body fluid exposure must also complete an I&I form. The individual's insurance or the vendor's worker's compensation insurance will be billed for the cost of evaluation and any recommended prophylaxis.

Hazard Communication Plan

Note: This Hazard Communication Plan is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200.

To ensure that information about the dangers of all hazardous chemicals used by UAMS Dental Hygiene Clinic is known by all affected employee/students, the following hazardous information plan has been established. Under this plan, employees/students will be informed of the contents of the OSHA Hazard Communications standard including the new Globally Harmonized System of Classification and Labelling of Chemicals (GHS), the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This plan applies to all work operations in our clinic where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All employees will participate in the Hazard Communication Plan. A copy of the Hazard Communication Plan is available in the work room for review by any interested employee. The Clinic Coordinator and the Clinic Operations Coordinator are responsible for the plan, including reviewing and updating this plan as necessary.

Container Labeling
The Clinic Operations Coordinator and/or the Clinic Coordinator will verify that all containers received for use will be clearly labeled as to the contents, with the appropriate hazard warning, and list the manufacturer's name and address. The Clinic Operations Coordinator will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. On the following individual stationary process containers, an OSHA compliance label is placed on the containers. The Clinic Operations Coordinator will review the labeling procedures every six months and will update labels as required.

GHS Safety Data Sheets (SDSs)

The Clinic Operations Coordinator is responsible for establishing and monitoring the Clinic's SDS program. The Clinic Operations Coordinator will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. The Clinic Operations Coordinator will see that any new information is communicated to affected employees and students. When an SDS is not received at the time of initial shipment, the Clinic Operations Coordinator contacts the company for the specific SDS.

Copies of SDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be available digitally on each desktop of the hallway computers. We utilized the GHS system of labeling and SDSs which include pictograms.

Employee/Student Training

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- GHS Labeling and Safety Data Sheets
- The hazardous chemicals present in the Clinic.
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area

- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and SDSs to obtain hazard information
- Location of the SDS file and written Hazard Communication plan

Prior to introducing a new chemical hazard into any area of the clinic, each employee/student in that section will be given information and training as outlined above for the new chemical hazard.

The hazard communication training will include a recorded video and a quiz.

EXPOSURE/HAZARD Training Program

I. Purpose

The objective of this training program is to prevent an accident before it happens. This program is designed to establish uniform guidelines that will comply with OSHA's Hazard Communication/Bloodborne Pathogen Standard and most recent CDC guidelines on infection control. It will ensure that the hazards of all chemicals, equipment, and regulated waste used within the Department of Dental Hygiene are identified, evaluated, and labeled. The manual will be used as a reference guide for training all employees.

II. Hazard Inventory List

A. A list* of all hazardous chemicals will be compiled. The chemicals on this list will be referenced to their safety data sheets (SDS).

B. A list* of all potentially hazardous equipment will be compiled and safety use instructions reviewed.

C. A list* of the types of regulated wastes found in the workplace and the methods of disposal will be listed.

** These lists are found in the inventory section of the digital SDS manual*

III. Responsibilities

A person will be assigned as the infection control coordinator, the clinic administrative assistant will update the chemical inventory list as necessary; post new SDS; check labels on new chemicals; and in general, is responsible for the exposure/hazard control program.

A separate form will maintain employee's names, training received and appropriate dates. An employee-training contract will be kept in the employee's personnel file and maintained for the length of employment plus 30 years.

IV. Labeling

A. Chemicals

All hazardous chemicals will be checked for correct labeling to be sure they contain the name of the product and the potential hazards to the human body. Any bottles or containers not labeled properly will be labeled with a moisture resistant label. When a new chemical is received or there is an updated SDS, the Clinic Operations Coordinator will review any changes, update labels as necessary, post new SDSs, and inform the other employees.

B. Equipment

Hazard warnings visible to the employee will be posted on any potentially hazardous equipment (including but not limited to nitrous oxide, oxygen and x-ray machines). Safety operating instructions will be reviewed at training sessions. Any contaminated equipment will be decontaminated before repair and/or shipment. If it is not feasible for a portion of the equipment to be decontaminated, a label will be placed stipulating which area remains contaminated.

The Clinic Operations Coordinator will periodically check to see that employees are using the equipment correctly to prevent accidents.

C. Regulated Wastes

Regulated wastes in the facility are listed. The employees/students, in their training sessions, are trained on the proper handling and disposal of regulated wastes including sharps and blood contaminated items; the use of disinfectants; use of personal protective equipment; proper handwashing procedures; proper sterilization procedures for instruments; use of disposable items where appropriate; and immunization programs which includes training on modes of transmission of AIDS, Hepatitis B, Hepatitis C and other infectious diseases. The details on handling of infectious wastes, use of disinfectants, transmissions of disease, etc. will be discussed further in the infection control section.

D. Chemical Wastes

Any chemical wastes will be disposed of following the manufacture's recommendations on the SDS.

V. Safety Data Sheets (SDS)

The SDS will be kept updated by the Clinic Operations Coordinator.

If the SDS of a new chemical is not received at the time of shipment, the Clinic Operations Coordinator will send inquiry to the supplier for the sheet. Until the SDS is received, a hold will be put on the use of the chemical. When the SDS is received, it will be posted, employees informed, labels made, if necessary, and employees reviewed on any needed precautions.

VI. Training

New employees will be trained at the time of initial hiring, when anything changes in the clinic and annually after that. Students will be trained in the first semester.

The format of the training program:

1. Review of the hazard communication 29CFR 1910.
2. Review of hazardous chemicals in the office and how to read labels.
3. Review of SDSs, symbols, and how to interpret.
4. List of hazardous equipment and safety operating instructions.
5. Handling and disposal of regulated wastes.
6. Safety training including first aid, medical emergency management and fire.
7. Infection control and use of personal protective equipment.
8. Review OSHA Poster.
9. Transmission of infectious diseases.
10. Assessing employees and students understanding of the program.
11. Question and answer period.

Prior to working, any new employee or student will be trained.

VII. First Aid

A. Medical Emergency Kit/First Aid Kit

The first aid cabinet is located in the section A radiography area. During clinic hours, the medical emergency kit is kept in the unlocked drawer behind the front desk. During non-clinic hours, the emergency kit is in the locked black file cabinet in the panoramic X-ray room. The AED is located on the wall by operatory six.

B. Medical Emergency Management

In case of a medical emergency, the person closest to the kit will secure the pocket mask, AED, and other emergency equipment. The person closest to the victim will activate CPR. The person closest to the phone will call 911. Any other staff will assist as necessary.

The emergency kit may include but not limited to:

1. Automated External Defibrillator (AED)
2. Preloaded syringe of epinephrine (2 recommended)
3. Injectable antihistamine
4. CPR Pocket mask
5. Form of sugar
6. Nitroglycerin - Aerosol recommended due to longer shelf life
7. Bronchial dilator (Ex. Ventolin)
8. Cold towel kept in refrigerator or freezer
9. Aspirin
10. Narcan (naloxone HCL)

All office staff are trained in CPR.

C. Eye Wash Station

An eye wash station is in the work room, sterilization room, operatory 19, and section A common area. They are labeled appropriately. They should be flushed weekly for two to three minutes. All employees & students should test operate how to use the eye wash station. **NOTE**: You must be able to reach it within 10 seconds.

Action will take place immediately if an eye injury occurs. When a chemical enters the eye, both eyes will be washed with a soft flow of water for 15 minutes while holding the lids open and rolling the eyeballs. Check the SDS available on each hallway computer

desktop for further first aid. A physician should be consulted promptly. Skin in contact with hazardous chemicals should be flushed with water.

VIII. Fire Safety/Emergency Evacuation/general safety

Approved fire extinguisher(s) are located in areas of the clinic. Employees will be trained in the proper use of the extinguisher. The gauges on the fire extinguisher(s) will be checked monthly. The fire department checks them annually.

A fire evacuation route is posted in the clinic area. All secondary exits are identified with an "**EXIT**" sign. In the event of fire evacuation, all faculty/staff/students and patients will exit the building and will meet in the south parking lot.

No electrical outlet will contain more than two plugs unless a power surge protector or UL approved plate is being used. Cords will not cross counters or hang off edges unless secured.

FIRE SAFETY PLAN

1. In the event of a large fire or a fire inside the wall, notify everyone to immediately leave the building, assisting patients to the nearest exit. Do not stop to use the fire extinguisher. **USE THE STAIRS!**
2. Close the door on the way out.
3. Call the fire department **(911) as soon as safe.**
4. Everyone should assemble at the south parking lot of the building for a head count to ensure everyone is out of the building.

EMERGENCY EVACUATION PLAN

1. In the case of a tornado, move to basement of the building. Be away from glass windows or doors. Cover your head with your arms.

LADDERS

Ladders must be ANSI approved. There are no regulations for step stools at this time but a chair, box, etc. should not be used as a support. The Clinic has two step stools.

IX. Ventilation and Lab Safety

There is no lab in the Clinic.

X. Spill Kits

A. Location/Contents

The multi-purpose spill kit is stored in section A common area drawers. The kit contains bag of absorbent material, a pair of heavy-duty rubber gloves, a pan with a brush and scoop, goggles, and a mercury recovery sponge. In case of a mercury spill, while wearing full PPE, wet the mercury recovery sponge in the spill kit. Applying the rough side of the sponge toward the mercury and rotate it to pick up the spill. Place the sponge in the plastic bag and discard. In cases of a blood-borne pathogen spill, while wearing full PPE,

sprinkle the spill with absorbent material or contain with paper towels. Pick up with the scoop and dispose of spilled material in a regulated waste container. Spray the area with disinfectant and allow the disinfectant to sit for 10 minutes. Clean and disinfect the contents of the spill kit that is used. In case of a chemical spill, follow the same directions for a blood-borne pathogen spill, however, only cleaning rather than disinfecting is necessary.

B. Procedures for Use

1. **Bloodborne pathogen spill**
   The operator, wearing proper protective barriers, will follow the procedures as listed:
   a. Isolate the area.
   b. Sprinkle with absorbent material (or use paper towels).
   c. Using disposal pan and scoop, pick-up absorbent material (or paper towels) and place in plastic bag.
   d. Spray or wipe the area with disinfectant.
   e. Wipe up with paper towels and place in plastic bag and seal.
   f. Place bag in hazardous waste container.
   g. Clean area.
   h. Wash and disinfect gloves, scoop, pan, and outside of spray disinfectant bottle.
   i. Replenish spill kit.

2. **Chemical Spill (other than mercury) Follow SDS instructions**
   The operator wearing proper protective barriers will follow the procedures as listed:
   1. Isolate area and ventilate if necessary.
   2. Sprinkle with absorbent material.
   3. Using disposal pan and scoop pick up absorbent material and place in plastic bag along with any paper towels saturated with the chemical.
   4. Seal the bag and discard properly according to type of chemical.
   5. Clean area with appropriate cleaner.
   6. Clean disposal pan, scoop, and gloves.
   7. Replenish spill kit.

3. **Contaminated Glass**
   The operator, wearing proper protective barriers, will use the pan and scoop or brush to pick up any potentially infected broken glass.

Clinic Duties

Clinicians, clinic assistants, and front desk assistants MUST bring all clinic supplies to clinic every day.

Clinician Duties

Students treating patients must start the day with cleaning and disinfecting and setting up their units. They should be prepared to seat the patient at the time of the scheduled appointment. Students are to complete the protocol for the appointment. After treatment and check out of one patient, the student will set up their unit and prepare for the next patient. If a student completes treatment prior to check out time, they should set up their units and prepare for their next patients.

General Clinic Assistant Duties

- Students must report to the Clinic Operations Coordinator 30 minutes prior to the morning session and 15 minutes prior to the afternoon session to help prepare the clinic.
- Each student will rotate as a clinical assistant under the supervision of the Clinic Operations Coordinator to gain experience with these responsibilities.
- No studying or playing on cell phone is allowed while on clinic assistant duty.
- Clinic assistants are required to wear all PPE including eyewear at all times.
- Students will be assigned to a specific area as a clinic assistant. These areas include the Clinic, radiography, and sterilization areas.
- Note: clinic assistants are not to leave the clinic area without informing the Clinic Operations Coordinator or clinic faculty.

Clinic Section Area Assistant Duties

The clinic assistants will assist other students by:

- Stay with FD at the first of appt times to direct patient screening & traffic flow, including taking temperatures.
- Up to one for each section (4) sections total and one in sterilization/radiography
    - A (1-5)
    - B (6-10)
    - C (11-15)
    - D (16-20)
- CA be on the lookout for X-ray needs (Green flag)
- CA be on the lookout for DDS exam needs (Yellow flag)
- obtaining and stocking extra supplies
- assisting during dental or periodontal charting
- assisting during the use of the ultrasonic or sealant placement
- cleaning patient's removable dental prostheses in the ultrasonic
- distributing suction line cleaner
- checking the emergency kit and recording the drugs and expiration dates in the emergency kit binder located in the black cabinet in the panoramic room.
- helping students set up/clean up units before or after patients
- reminding students of check-out ten (10) minutes before check-out time.
- aid in the maintenance of the clinic by:
    - assisting students in maintaining a clean working area
    - after dismissal of all patients, Swiffer, vacuum, and mop section common areas at end of day
    - communicate to team members through the use of Vocera smart badge
    - deliver handpiece oil, traps, suction cleaner, and Airflow cleaning supplies to section for weekly maintenance

Radiographic Imaging/Sterilization Assistant Duties

- The radiography assistants are responsible for the following procedures as directed:
    - turning on computers and x-ray units prior to the morning session

- assigning rooms for students as they sign up to take radiographic images
- processing and mounting PSP radiographic images as necessary
- obtaining and distributing any supplies the students may need: Rinns, gauze, cotton rolls, and PSPs.
- breaking down and putting on new barriers in rooms
- operating and assisting with the panoramic x-ray machine
- track exposure numbers in the radiation tracker
- direct the DDS during their exams
- change ultrasonic solutions daily
- pick up and deliver instruments and supplies
- perform sterilization process of instruments
- wrapping and labeling cassettes
- pick up and deliver clinic towels as needed
- operate the autoclave
- putting instruments away in their proper area

Students are not allowed to congregate and visit in the clinic or radiography area. It is disturbing to other students and patients. The clinical assistants are expected to work all throughout the day. If you find yourself without your assigned duties, ask the Clinic Operations Coordinator or clinical faculty for something to do. If a student does not follow the duties and/or does not follow Clinic Operations Coordinator's directions, the student will be dismissed from the clinic and receive no patient experiences. The "no patient" experiences will have to be made up on a non-clinic day at a rotation site. Cell phones are not to be used while in the clinic, radiography, or sterilization areas.

Front Desk Assistant Duties

- Student will report to the Clinic Operations Coordinator 30 minutes prior to the beginning of the first appointment of the day.
- Students assigned to front desk are to return from lunch at 15 minutes before appointments. Front desk assistants are responsible for ensuring that the door is unlocked to allow patients to enter the reception area.
- Monitor reception room for cleanliness during the day (sanitize clip boards and waiting room furniture).
- Assist the Clinic Operations Coordinator in keeping front desk area quiet.
- Students that are not assigned to the front desk are not allowed in the front desk area.
- The front desk assistant will assume any duty as directed by the Clinic Operations Coordinator, clinical faculty, or staff. The front desk assistant must follow clinic dress code with regard to attire, jewelry, and their hair must be neatly pulled up. They may wear a UAMS t-shirt with black scrub pants if desired. If a student is cold, the student may wear a lab jacket or UAMS dental hygiene sweatshirt.

Greeting patients:

- For new patients, provide clipboard with medical history, consent forms, HIPAA forms, etc. to be completed (this must be scanned in the patient's electronic chart)
- After the patient signs in, indicate on the Eaglesoft schedule, that the patient has arrived.
- Make sure all patients are seated in a timely manner

The telephone:

- Answer the telephone in a friendly and professional sounding voice. Salutation, state that this is the UAMS Department of Dental Hygiene, your first name, and how can you help?
- There is a list of telephone numbers for faculty and staff in the dental hygiene clinic. The UAMS Oral Health Clinic (OHC) telephone number is listed as well.
- Front office phones are for office use only.

Making Appointments

- Only the Clinic Operations Coordinator and the students assigned to front desk may schedule, delete, or change appointments
- To schedule an appointment, go to the Practice Management screen of Eaglesoft and click the "On Schedule" icon
- Click on the "Go to Day" icon at the top of the screen and select the date to schedule the appointment
- Find an open unit and double-click beside the time to schedule the appointment
- A new window will open that will allow patient's name to be typed in
- When the patient's name is located on the patient list, click the "Use" tab. (For new patients, type the patient's name and click "New")
- Make sure the appointment type is correct (new patient, recall patient, or reappoint patient) and click "OK"
- Check for an existing treatment plan and add codes to the appointment as necessary
- The front desk student may be asked to confirm patients

Collecting payments

- Collect all payments at the end of the appointment. There is a flat rate of $30 per appointment regardless of what type of treatment is scheduled unless it's a re-evaluation. There is no charge for the 4–6-week re-evaluation appointment. There is no charge for patients on our 12th st. grant. 12th st. patients must check out with the Clinic Operations Coordinator.
- Cash, check, credit, debit cards, and money orders are accepted. All cash payments must be deferred to the Clinic Operations Coordinator.
- The Clinic Operations Coordinator will print a receipt for those patients requesting one.

Scanning paperwork

- Front desk assistants are responsible for scanning any new patient paperwork that is completed such as the following: HH (medical history), TX Consent (patient rights), HIPAA (privacy notice), and patient referral sheet. Scan patient's medication lists and any other documentation that is needed for their electronic chart.

ONLY students that are front desk assistants are allowed in the front office area. If a student needs to adjust their schedule or assist a patient with their schedule, they should inform the front desk assistants. If a student fails to perform their duties or comply with the Clinic Operations Coordinator's directions, consequences may ensue.

Patient Treatment Guidelines

Scheduling Patients
If a student needs to change or schedule an appointment, you must email the Clinic Operations Coordinator or Clinic Coordinator. Students must send the email 48 hours prior to the requested change. Students are not allowed to take patients from other students.

Confirming Patients
Students are required to contact their patients to confirm two days before the appointment to prevent broken appointments. Students are required to instruct patients to bring a list of their medications and any recent medical procedures. Students will also confirm the Clinic location and the time commitment for the appointment.

Canceling Patients
Students are not allowed to cancel patients on their schedule. If a change is necessary, the student must contact the Clinic Operations Coordinator or Clinic Coordinator. Students are not allowed to cancel their scheduled patients. Students are not allowed to abandon their patients.

Holding Patients Over into another Clinic Session / Late Arriving Patients
In order to be counted as a patient experience, the student must provide patient services for a minimum of 45 minutes past check out time of the previous appointment. If a patient is late to arrive, the student must provide a minimum of 45 minutes of treatment for it to count as a patient experience.

"No Patient" Experiences (NPs)
Any student without a patient must report to their section instructor. If a student does not have a patient, an NP will be tracked in Typhon. Students must record NPs on their competency card. A student may not leave the clinic for any reason unless confirming with their section instructor.

"Extra Patient" Experiences (EPs)
Any student receiving extra patient experiences must record them on their competency card and treatment log. The student must also email the Clinic Operations Coordinator or Clinic Coordinator for record keeping.

Quadrant Scaling Patients
In the instance that calculus is not radiographic, in order for a patient to be diagnosed as a quadrant scaling patient, two instructors verify that the patient does need scaling and root planing. In the instance that the calculus is radiographic and definitive, then two checks are not necessary. If the calculus was radiographic prior to treatment, post-op bitewings are performed. If a student finds a quad scale patient and does not need the patient for requirements, the student is not allowed to give the patient to another student. The patient's name should be submitted to the Clinic Coordinator and Clinic Operations Coordinator to be placed in a pool, so every student has the same opportunity to see the patient.

Appointment Cost
A $30 fee is charged for each appointment. This fee is waived for family members and/or friends, with a maximum of three complimentary appointments per semester. The student must communicate this with the Clinic Operations Coordinator, so they can keep record of this. There is also no fee for reevaluation appointments following quadrant scaling.

Appointment Guidelines for Patients

- Appointments are scheduled for approximately 2 1/2 hours in length.
- Depending upon individual needs, several appointments may be necessary to complete treatment.
- We request cooperation in appearing on time for scheduled appointments.
- Broken appointments place an undue hardship on the student and hinder their progress in Clinic. If a patient is unable to keep your appointment, please notify the Clinic Operations Coordinator at least 24 hours in advance (501-686-5733).

Treatment Planning Guidelines

New Patient Exam (first appointment)*

PROCEDURES	APPROX. # OF APPOINTMENTS	COST
Review medical history & vitals Initial oral exams: • Intra/extra-oral • Dental charting w/ DDS exam (referral if indicated) • Periodontal assessment w/ check-in by RDH instructor • Radiographic images (FMX w/ BWX, or Panoramic w/ BWX) • OHI • Treatment planning • Referral if needed	1	$30

*Additional services may be rendered during appointment

Re-appt. Prophy after New Patient Exam*

PROCEDURES		APPROX. # OF APPOINTMENTS	COST
• Review medical history & vitals • I/E exam • OHI • Scale • Coronal/air polishing • Fluoride treatment • Review of treatment plan		1	$30

*Additional services may be rendered during appointment

Recall Prophy*

PROCEDURES	APPROX. # OF APPOINTMENTS	COST
• Review medical history & vitals • I/E exam • Radiographic images and DDS exam (if needed) • Periodontal Assessment • OHI • Scale • Coronal/air polishing • Fluoride treatment • Referral if needed • Review of treatment plan	1	$30

*Additional services may be rendered during appointment

Recall-Periodontal Maintenance*

PROCEDURES	APPROX. # OF APPOINTMENTS	COST
• Review medical history & vitals • I/E exam • Radiographic images and DDS exam (if needed) • Comprehensive Periodontal Assessment • OHI • Scale • Coronal/air polishing • Fluoride treatment • Referral if needed • Review of treatment plan	1	$30

*Additional services may be rendered during appointment

Quadrant/Sextant Scaling Appointments*

PROCEDURES	APPROX. # OF APPOINTMENTS	COST
• Review medical history & vitals • I/E exam • Local/topical anesthesia if needed • Educate patient of local anesthesia adverse reactions • OHI	To be determined at new patient appointment	$30 Each quad/sextant appt

• Calculus detection • Update periodontal assessment after removal of calculus • Post-op images (see clinical instructor) • Referral if needed • Review of treatment plan		
Reevaluation Appointment *(4-6 weeks after last quad scale)* • Review medical history & vitals • I/E exam • New periodontal assessment • Review OHI • Scale • Coronal/ air polishing • Fluoride treatment • Establishment of maintenance in or referral for periodontist • Review of treatment plan	1	No charge

*Additional services may be rendered during appointment

Treatment Plans

A formal treatment plan is developed for every patient. The treatment plan is presented to the patient with proposed treatment of services that will be performed in the UAMS Dental Hygiene Clinic. The treatment plan serves as a guide for the student in logically planning and implementing care. It is to be completed at each appointment, following the oral examination. It should reflect the treatment to be done and the sequence of the treatment based on the patient's needs.

Radiographic Images

- Radiographic images are a necessary part of diagnosis and treatment; therefore, current images are required.
- The type of images prescribed by the dentist will be based upon individual patient needs.
- Current images may be mailed to us from other dental offices, if available.
- Radiographic images taken in the UAMS Dental Hygiene Clinic can be mailed to the patient's dentist or sent electronically upon request, after they have been evaluated by our supervising dentist (usually a 1–3-day time frame) and the release of information has been signed.
- Refusal to have images taken or provide current images from another dentist's office will prevent us from being able to provide treatment in our clinic, as radiographic images are necessary for optimum patient care.

Ultrasonic Cleaning of Oral Prostheses

- Ultrasonic cleaning is a safe, gentle, and effective way to clean stain and tartar from removable oral prostheses, such as partials and dentures.

- If teeth on the denture are loose or ill-fitting or metal clasps are worn, there is potential that the action of the ultrasonic cleaner may further loosen the tooth or weaken clasps during the cleaning process. A consent form must be signed by the patient before cleaning.

Children and Minors Under 18

- All minors must have the medical history and consent for treatment signed by a parent or guardian prior to treatment.

Dental Exam Procedure

- A visual-tactile examination will be used when examining a patient for decay.
- Light pressure will be used with the shepherd's hook explorer to examine the margins of restorations.
- Radiographic images will also be utilized.
- If pathology is noted, or if for any reason, the patient needs follow-up care from a dentist or dental specialist, a referral form will be completed for the patient.

Radiographic Imaging Guidelines

Prescription of Radiographic Imaging

The supervising dentist is responsible for prescribing all radiographic images. Students must converse with the dentist prior to taking images.

Frequency of Radiographic Imaging

The recommendations in this chart are subject to clinical judgement and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. The recommendations do not need to be altered because of pregnancy.

TYPE OF ENCOUNTER	**PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE**				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate or Partially Edentulous**	**Adult, Edentulous**

New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental work treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries	Posterior bitewing exam at 6–12-month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries	Posterior bitewing exam at 12–24-month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

TYPE OF ENCOUNTER (continued)	**Child with Primary Dentition** (prior to eruption of	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to	**Adult, Dentate and Partially Edentulous**	**Adult, Edentulous**
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable

Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions		

*Clinical situations for which imaging may be indicated include, but are not limited to:

- Positive historical findings
    - Previous periodontal or endodontic treatment
    - History of pain or trauma
    - Familial history of dental anomalies
    - Postoperative evaluation of healing
    - Remineralization monitoring
    - Presence of implants, previous implant-related pathosis or evaluation for implant placement
- Positive clinical signs/symptoms
    - Clinical evidence of periodontal disease
    - Large or deep restorations
    - Deep carious lesions
    - Malposed or clinically impacted teeth
    - Swelling

- Evidence of dental/facial trauma
- Mobility of teeth
- Sinus tract (“fistula”)
- Clinically suspected sinus pathosis
- Growth abnormalities
- Oral involvement in known or suspected systemic disease
- Positive neurologic findings in the head and neck
- Evidence of foreign objects
- Pain and/or dysfunction of the temporomandibular joint
- Facial asymmetry
- Abutment teeth for fixed or removable partial prosthesis
- Unexplained bleeding
- Unexplained sensitivity of teeth
- Unusual eruption, spacing, or migration of teeth
- Unusual tooth morphology, calcification or color
- Unexplained absence of teeth
- Clinical tooth erosion
- Peri-implantitis

Retakes

Reason for retakes aids in identifying recurring problems. Most retakes are due to missing apices. Retakes are limited to two images for bitewings or six images for an FMX. Students are required to have faculty assistance for retake exposures. The dentist will indicate the images to be re-exposed. If more than four retakes are required, a panoral may be authorized. Number of retakes must also be recorded in the note history.

Critiquing Radiographic Images

Students must critique and submit radiographic images to the faculty within 3 business days after patient appointment.

Faculty use only
Competent: YES / NO
Faculty Initials:

Radiography Critique Sheet

Student_____ Date Exposed_____ PSP_____ Digital_____ Patient ID#_____ Pt. Age_____

Circle what applies: FMX Vertical BWX Horizontal BWX

AAP Classification_____ Special Circumstances_____

In appropriate box, list errors using the abbreviations.

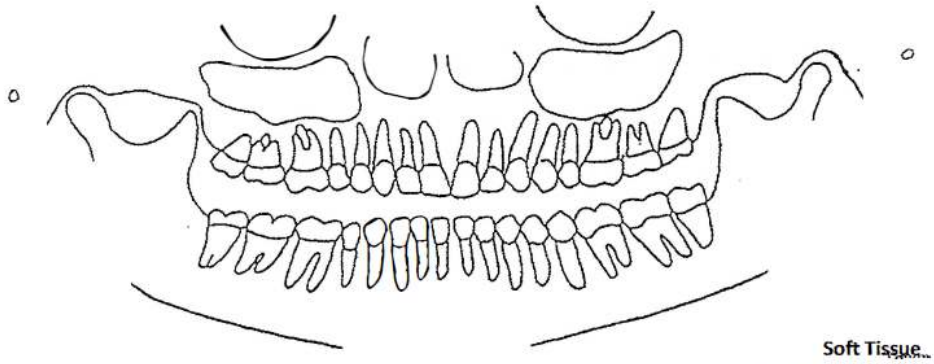
Horizontal error – H	Packet Placement error – P	Missing Apex – MA	Retake needed – [R] (faculty use)
Vertical error – V	Cone-cut – C	Retake done – R	Suspicious area of potential decay - S

Please staple pano behind BWX/FMX

Student's name: _____ **AAP:** _____ **Age:** _____ **Pt. ID:** _____ **Date Exposed:** _____

Faculty use only
Competent:
YES / NO
Faculty Initials

Right



Left

Errors

Processing _____
Patient Position
Incorrect evaluation
Of chartable items
# of retakes

Air Spaces

Palatoglossal _____
Glossopharyngeal _____
Nasopharyngeal _____

Soft Tissue

Tongue _____
Ear _____
Lipline _____
Soft Palate/Uvula _____

Ghost

_____
_____

Reason for exposing panoral:

Pathology (draw & explain)

_____

1. Anterior Nasal Spine
2. Articular Eminence
3. Concha
4. Condyle
5. Coronoid Process
6. External Auditory Meatus
7. External Oblique Line
8. Genial Tubercles
9. Glenoid Fossa
10. Hamular Process
11. Hyoid Bone
12. Incisive Foramen
13. Infraorbital Canal
14. Infraorbital Foramen
15. Internal Oblique Line
16. Lateral pterygoid
17. Lingual Foramen
18. Mandibular Canal
19. Mandibular Foramen
20. Mastoid Air Cells
21. Maxillary Sinus
22. Median Palatine Suture
23. Metal Foramen
24. Mental Ridge
25. Nasal Fossa
26. Nasal Septum
27. Orbit
28. Palate
29. Pterygomaxillary Fissure
30. Ramus of Mandible
31. Stylohyoid Process
32. Submandibular Fossa
33. Tuberosity
34. Zygomatic arch

Clinical Records & Documentation

Records Management

- The note history is a critically important part of the patient's record. It is a legal document. It includes all treatment provided to the patient and also provides historical insight into the patient's past treatment.
- The student must document exactly which services were provided, what recommendations or observations were made, and any medication given to or prescribed for the patient.
- Students must complete treatment notes prior to cleaning the unit.
- After check-out, the instructor must review the record for accuracy and clarity of information.
- The instructor will not sign treatment notes before all patients are checked out.
- The treatment record is the property of the UAMS Dental Hygiene Clinic.
  The student is not allowed to print the patient's information and leave it visible for others to see. (HIPAA)

Examples of Items to Document

- Anything given to the patient: toothbrush and auxiliary items, x-rays, etc.
- Anything told to the patient: recommendations, referrals, recall interval, oral hygiene instructions, post-treatment care instructions, periodontal status, etc.
- Examination by the supervising dentist
- Prescriptions: what, how much, directions, refills
- Premedication: why, what, how much, when taken, specific directions given to patient
- Local anesthesia: type used, vasoconstrictor, dosage
- Anecdotal notes
- Images taken: type, area, reason for individual PAs (including retakes)
- Sealants: tooth number where sealants are indicated or placed

Rotation Guidelines

- All dental hygiene students are required to participate in the specified clinical rotations at the North Little Rock VA Hospital, Arkansas Children's Hospital, Wakefield Elementary School, CARTI, Conway Regional Interfaith Clinic, UAMS Oral Health Clinic, and 12th St. Health and Wellness Center.
- Students are expected to follow the rules and regulations of the institution to which they are assigned.
- Students are expected to adhere to the UAMS clinical dress guidelines as provided by the CHP Department of Dental Hygiene, while on rotations.
- Students are responsible to the supervising instructor at the rotation site. In case of illness, you must notify the rotation site supervising instructor as well as the Clinic Coordinator prior to the start of the clinic day.

Travel to Clinical Experiences
Students will be required to travel to clinical rotation sites or service-learning activities during the program. Students are required to have transportation to these educational activities. Service learning and clinical experiences will be located in Little Rock and the surrounding area.

Students may not switch clinical rotation assignments without first consulting the clinic coordinator. The request must be made in writing (e-mail is acceptable). Students are not allowed to make any changes in the UAMS clinic schedules without consulting the clinic receptionists. Students who make changes in the clinic schedules without receiving prior consent will have their clinic privileges suspended (absences and NPs will accrue).

Arrival Times
Arrival and departure times will be designated by each rotation site and may vary from UAMS Clinic arrival and departure times. Arrival and departure times may vary for clinical rotation sites.

Rotation Sites
Central Arkansas Veterans Healthcare System (VA Hospital)
2200 Fort Roots Drive, Building 170
North Little Rock, AR
257-2201 – answering machine for calls before and after hours
Supervisor: Robin Ruppert, cell 501-422-2709 (257-1000, extension 52221)

- Arrive by 8:00am. Day ends when dismissed by supervising instructors.
- Bring your loupes, face shield, pen and pencil, paperwork (treatment log).
- Students must wear their UAMS student ID badge and VA badge at all times.
- Students are subject to random drug testing at the CAVHS Hospital. Students who test positive for drug use will be barred from further rotations to this site.
- Please do not park in front of the hospital. Students must park under the solar panels.
- The VA instructors will provide additional policies that must be followed.
- Instruments must be sterilized by the VA sterilization staff.

Arkansas Children's Hospital
800 Marshall Street (off of I-630)
Little Rock, AR
364-2613 (hygiene area) or 320-2600 (front desk)
Supervisor: Dena Devlin

Students regularly participate in pediatric dentistry clinical rotations through the Arkansas Children's Hospital. While on duty at ACH, the student will be under the supervision of the staff pediatric dentists and dental hygienists. Students may be asked to provide prophylaxes, complete radiographic imaging, pour study models, assist the pediatric dentists or hygienists, assist in the operating room or any other task deemed necessary.

- Arrive by 7:30 am. Day ends when dismissed by the supervising instructors.
- Bring loupes, face shield, pen and pencil, and paperwork (ACH experience card).
- Students must wear their UAMS student ID badges at all times.
- Do not bring large book bags (space is limited).
- Park towards the back of the visitor's parking lot further away from the hospital.

Wakefield Elementary School
Future Smiles Dental Clinic
75 Westminster Dr.
Little Rock, AR 72209
501-447-6600
Supervisor: Dr. Cimone Heisel

- Arrive by 8:30am. Day ends when dismissed by supervising instructors.
- You will have a 30-minute lunch – might want to bring your own.
- Bring loupes, face shield, scrub jacket, and UAMS ID badge
- Park in the staff parking lot behind the school. Do not park on the back two rows as they complete PE in this area.

CARTI
8901 CARTI Way, Suite 201
Little Rock, AR 70205
Clinic phone: 501-906-2601
Jennifer's office phone: 501-296-3289
Supervisor: Jennifer Brown, cell: 719-930-8627

- Arrive by 7:00am and clinic end time is 4:00pm or when your supervisor has dismissed you. Lunch is from 12:00pm – 1:00pm. Breakrooms are available.
- CARTI uses a central sterile protocol.
- Bring your own loupes/eye protection, UAMS ID badge and CARTI visitor, face shields, N95, lab jacket, treatment log, and scrub cap. CARTI has a standard hygiene kit that they will use.
- Students may park in the designated employee spaces in the parking garage or East parking lot.

UAMS Oral Health Clinic
4301 W. Markham st.
Little Rock, AR 72205
Clinic Phone: 501-5267619
Supervisor: Dr. Dana Bodenner, Alyssa Bryant, Courtney Elrod, Jennifer Ryker, and Dr. Shelby Schultz

- Arrive by 7:45 am to go over schedule and expectations for the day.
- Park at War Memorial and ride the shuttle or walk to the main hospital. There is a huge sign by the Doc Java that reads Delta Dental UAMS Oral Health Cli
- nic.
- Bring your loupes, treatment log, lab jacket, and optional scrub cap.

Conway Regional Interfaith Clinic
810 Locust Ave.
Conway, AR 72034
Clinic Phone: 501-932-0559
Julie's cell phone: 479-335-6220
Supervisor: Dr. Gary Jones

- Arrive by 8:30am. Julie will orient you when you arrive.
- Park in front of the building.
- Bring your loupes, loupe light is highly recommended.

- Interfaith has many NSPT patients, where Dr. Jones may practice local anesthesia with you.

Absent from Rotations
If a student is going to miss or be late to a rotation, the student must contact the rotation supervisor and the Clinic Coordinator.

Medical Emergencies Protocol

Medical emergencies require swift and appropriate action. In the event of an emergency in the Dental Hygiene Clinic the following procedures must be followed.

Prevention of Medical Emergencies

1. Prevent medical emergencies from occurring by:
    - Reviewing patient's medical history
    - Following the required treatment protocols
    - Recognizing the potential for an emergency situation
    - Handling equipment and materials carefully

2. Keep CPR skills current.

3. Know how to administer oxygen.

4. Be familiar with the emergency drug kit.

5. Know the procedure for summoning help.

In case of emergency:

1. Stay calm, stay with the patient, and summon help. Send the nearest person to the closest faculty and dentist. If another person is nearby, send them for the oxygen and emergency kit. Otherwise, the person alerting the faculty will bring the equipment after the faculty has been notified.

2. Assess the patient and prepare to begin the CAB of CPR if indicated.
   Check the patient's circulation. Establish and maintain the airway. Check the patient's breathing.

3. When the faculty/dentist takes charge of the patient, the person who first attended the patient will assist as needed. Note the time, signs and symptoms, and vital signs on the Medical Emergency Report form.

4. If the attending faculty /dentist determines that medical assistance is needed, faculty, staff, or a designated student will be asked to call 911. The designated student or "recorder" will document time call was placed.

5. Those students/faculty in the area who are not directly involved in managing the situation should stay calm and reassure others. Clear the area of unnecessary personnel. Be alert for problems with onlookers (fainting, etc.)

6. The person assisting the faculty/dentist will fill out the UAMS Medical Emergency Report. This form will be given to the emergency personnel and will accompany the patient if transported.

7. Document the incident in the patient's record and scan the medical emergency incident report into SmartDocs.

8. A medical emergency plan is posted in the UAMS Dental Hygiene Clinic in the workroom and in each operatory.

Medical Emergency Incident Report

Patient's Name _____ **Date:** _____ **Time of Incident:** _____

Time of 911 Call: _____

Description of Incident: _____

_____

_____

_____

Time of Onset:	Time EMS Summoned:	Time EMS Arrived:

Time Patient Released	Patient Released To:

	Finding:	Time:	Finding:	Time:	Finding:	Time
Blood Pressure:						
Pulse:						
Respirations:						
Oxygen delivery Method						

Cessation of Breathing:		Cessation of Pulse:		CPR Initiated:	

Drugs Administered	Route	Dosage	Time:

Medical Management Considerations

Medical History
The patient's medical history is to be reviewed by the student at each appointment. Any medications and/or contraindications are to be noted, reviewed and called to the instructor's attention. All questions on the medical history must be answered. Students are responsible for looking up medications for any contradictions/considerations to patient treatment. Ask patient's questions about premeds if taken for treatment, questions about diabetes such as when eaten last, last HbA1c, last time fever blister, the amount of tobacco use, etc.

Antibiotic Premedication: Prevention of Infective Endocarditis

Premedication

- Some patients may require premedication prior dental treatment according to the American Heart Association and/or their physician such as: (if needed, patients should obtain these medications from their medical doctor)
  - joint replacements
  - prosthetic cardiac valves, including trans catheter-implanted prostheses and homografts
  - prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords
  - a history of infective endocarditis
  - a cardiac transplant with valve regurgitation due to a structurally abnormal valve
  - the following congenital (present from birth) heart disease:
    - unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
    - any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

If a patient needs premedication an hour before the appointment, the following antibiotics are the most common:

- Amoxicillin 2g for an adult and 50 mg/kg for a child
- Cephalexin 2g for an adult and 50 mg/kg for a child
- Azithromycin 500mg for an adult and 15mg/kg for a child
- Doxycycline 100mg for an adult and 2.2 mg/kg if a child weighs less than 45 kg. If a child weighs greater than 45 kg, then the dosage is 100mg.

Oral Examination
A thorough oral inspection is to be performed at the patient's initial appointment and reviewed at each following appointment. A thorough oral examination should be completed at each appointment, and findings documented. Any changes at succeeding appointments should be noted and dated. It should be documented in the electronic chart if the patient was examined by the dentist during the appointment.

Dental Charting
Charting should be updated at each appointment. The patient will receive an examination by the supervising dentist once per year, or more often if pathology is suspected. The examination must be documented in the Note History as "DDS exam." If pathology is noted, or if for any reason, the patient

needs follow-up care from a dentist or dental specialist, a referral form will be completed for the patient. The referral should be scanned into EagleSoft and the patient should receive a copy.

Providing Treatment to Patients with Hypertension

Hypertension is an abnormal elevation of blood pressure. It is a symptom of a disease, not a disease entity. In the UAMS Dental Hygiene Clinic, detection of blood pressure for all adult patients is an essential step in patient assessment prior to treatment. Because consistently elevated blood pressure has been demonstrated to be a major risk factor in the development of both occlusive and hemorrhagic stroke, early detection (with referral for additional diagnosis and treatment when indicated) may prove to be life saving for certain people. For this reason, the UAMS Dental Hygiene Clinic has adopted the following policy on providing dental hygiene care to patients who present with elevated blood pressure.

American Heart Association Blood Pressure Ranges*

- Normal: Less than 120/80 mm Hg;
- Elevated: Systolic between 120-129 and diastolic less than 80;
- Stage 1: Systolic between 130-139 or diastolic between 80-89;
- Stage 2: Systolic at least 140 or diastolic at least 90;
- Hypertensive crisis: Higher than 180 and/or diastolic higher than 120

* 18 years or older

Student Procedure for patients presenting with hypertension:

Students must consult the supervising dentist for further instruction if the patient's diastolic reading is 90 mm Hg or above and/or the systolic reading is 150 mm Hg or above.

1. Inform patient of abnormally high reading and ask pertinent questions.
    - Does the patient have a past history of hypertension? Is the patient currently taking anti-hypertensive or has the patient taken anti-hypertensive in the past? When did a physician last evaluate the patient? Who is the patient's physician? Has the patient experienced any complications of hypertension (heart attack, stroke, renal disease)?
2. Recheck blood pressure in 5 minutes. Same arm with patient slightly reclined.
3. Have instructor confirm reading.
4. If the diastolic pressure remains elevated, the supervising dentist is to be consulted.
5. Review screening results with the patient and inform patient of the Clinic policy. Refer to physician, if indicated.
6. Patients presenting with blood pressure readings above 160/100 should not be seen in the clinic for elective dental procedures.

Local Anesthesia

Epinephrine is contraindicated if a patient has had coronary bypass surgery, myocardial infarction, and/or cerebrovascular accident within the past six months. Epinephrine is also contraindicated for patients with these uncontrolled conditions: hypertension, angina, arrhythmias, diabetes, and hyperthyroidism. Prior to the utilization of local anesthesia or epinephrine, the student must look up patient medications to determine if the medications will interact with the anesthetic. In addition, the student must ask the patient if the patient has ever had an allergic reaction/adverse reactions to local

anesthesia and/or epinephrine. Documentation of local anesthesia must include the type of anesthetic agent (including type and amount of vasoconstrictor) and the number of cartridges used**.** Students must complete and have patients sign the local anesthesia consent form.

Patient Referral
Students will complete paperwork for patients needing referrals for pathology, decay, wisdom teeth extraction, orthodontics, periodontal consultation, biopsies, etc. Student completes patient name, date, services performed, and conditions noted requiring further exam &/or treatment. Student signs, dates at bottom; obtains the dentist's signature. The referral sheet should be scanned into the patient's chart and copy should be given to the patient.

Tuberculosis (TB)
TB is highly infectious and requires a lengthy treatment regime. Please note that a positive TB skin test (many false positives) indicates that the person has been infected with TB but does not necessarily mean that the patient has active disease. Patients with active disease will show signs and symptoms and will not receive dental treatment. The patient is no longer considered contagious after 2 – 3 weeks of taking the medication(s). Elective dental treatment should be deferred until the patient has been declared noninfectious by a physician.

Anticoagulants
Patients taking anticoagulants (Rx as well as OTC) may have trouble with blood clotting. Medical consultation is indicated prior to any dental procedure likely to cause bleeding. The physician may request that the anticoagulant be discontinued for a specific period of time (generally two days) prior to dental treatment and resumed the day after the dental treatment. The need to discontinue anticoagulants prior to dental treatment must be documented in the patient's record for future reference.

Blood Disorders
Persons with leukemia, anemia, and hemophilia may experience prolonged bleeding. They do not bleed more but longer (difficulty clotting). Medical consultation is indicated prior to dental procedures where bleeding is anticipated, as the patient may require an antifibrinolytic and/or factor replacement prior to dental treatment. The need to take these medications prior to dental treatment must be documented in the patient's record for future reference.

Cancer (Currently undergoing treatment)
Persons undergoing radiation or chemotherapy for cancer may have a severely depressed immune function. Many dental procedures create a systemic bacteremia which may further compromise the immune system. Medical consultation is indicated prior to any elective dental procedure. Typically, elective dental treatment is postponed until after cancer treatment is completed unless authorized by the oncologist.

Pacemakers
A pacemaker is a small battery-operated device that helps the heartbeat in a regular rhythm. The American Heart Association states that dental equipment "doesn't appear to negatively affect pacemakers. Some patients may feel an increase in pacing rates during dental drilling." Since the device is placed just under the skin, there is no need for antibiotic premedication. For unshielded pacemakers, Piezoelectric equipment must be used if an ultrasonic scaler is indicated.

Pregnancy
Pregnant women may receive elective dental care at any point throughout their pregnancy, although the best time for elective dental care is the second trimester after organogenesis (organ development) and before the fundus (pregnant belly) gets too large and heavy, making it uncomfortable for the woman to sit in a reclined position for a long period of time. The weight of the fundus on the inferior vena cava may result in supine hypotension syndrome. The compression impairs blood flow resulting in an increased heart rate (tachycardia), sweating, nausea, weakness, light headedness, and fainting (syncope). If this happens, have the woman turn to her left side to get the fundus off the artery. Necessary dental radiography is safe at any stage of pregnancy if the proper safety equipment is used including a lead apron. Medications must be authorized by the patient's OB/GYN.

Bisphosphonates
Bisphosphonates are a class of drugs that are used to prevent bone demineralization. They are approved for the treatment of osteoporosis, hyper-calcemia of malignancy, and metastatic disease to bone. A rare but important side effect is osteonecrosis. Patients receiving an IV form of the drug are at highest risk for developing this side effect. Tobacco use, diabetes, treatment with corticosteroids, and long-term use of bisphosphonates also increase the risk. Most cases occur after oral trauma (tooth extraction or oral surgical procedure), although some cases have been reported due to trauma from an ill-fitting denture or other soft tissue injury. If a patient is taking or has taken bisphosphonates, patients may still undergo routine treatment such as scaling and polishing. Patients in need of scaling and root planing will require clearance from their physician.

Heart Attack & Stroke
It is recommended that elective dental treatment is postponed until 6 months after the episode. Persons who have had a stroke or heart attack may be taking anticoagulants (see management suggestions above).

Policy on CPR Certification
All students, faculty, and staff involved in the direct provision of patient care must be continuously certified in basic life support (BLS) procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED). Students must present the Clinic Operations Coordinator with proof of CPR certification prior to beginning student partner work in Pre-clinic (September 1st). Students who do not achieve or maintain their certification will not be allowed to attend any clinics (to include all rotation sites) until recertification is achieved. Online CPR courses will not be accepted as meeting this requirement.

The American Heart Association's BLS Course
The BLS Healthcare Provider Course is designed to provide a wide variety of healthcare professionals the ability to recognize several life-threatening emergencies, provide CPR, use an AED, and relieve choking in a safe, timely and effective manner. The course is intended for certified or noncertified, licensed or non-licensed healthcare professionals.

Contents of UAMS Dental Hygiene Emergency Drug Kit

Drug	**Dosage**	**Indications**
Epinephrine	1:1000	Allergic reactions
Aspirin	325mg tablets	Myocardial Infarction
Benadryl	50mg/ml	Allergic reactions
Vasoxyl	20 mg/ml	Hypotension
Nitrostat	.4mg	Angina pectoris
Ventolin HFA Albuterol Sulfate inhaler	90mcg per actuation	Asthmatic attack
Glucose Paste	15g	Hypoglycemia
Glucose Tablets	15g	Hypoglycemia
*Narcan (naloxone HCL)	4mg spray	Suspected opioid overdose
Additional Emergency Items		
Pocket Mask	3 ml. disposable syringe	AED
Disposable oral airways	Reference Chart	
1ml. disposable syringe	Portable Oxygen Tank	

*Additional Narcan is located in a box on the wall located next to the AED near operatory 6.

Medical Emergency Equipment Monitoring Log

Date:

Drug	Expiration Date
Epinephrine Pen 0.3 mg	
Benadryl 50mg/ml	
Nitrostat 0.4 mg/tablet	
Vasoxyl 20 mg/ml	
Glucose Paste 15 g	
Glucose Tablets 15 g	
Aspirin 325 mg tablets	
Ventolin HFA (albuterol sulfate) 90 mcg per actuation	
Check Oxygen Tank	

Patient Rights

Confidentiality in the Patient–Provider Relationship

In providing treatment to patients, the dental professional has certain legal and ethical obligations to the patient, including the right to confidentiality. The patient record contains all information pertinent to treating the patient. The information in a patient's chart is strictly confidential and should not be discussed with others unless deemed necessary for patient care and permission is granted by the patient. Care should be taken not to leave patient records available to unauthorized persons. Release of confidential information without the patient's permission is an invasion of privacy and is a breach of confidentiality. Examples include divulging patient information to unauthorized persons or discussing a client's medical history or care outside the scope of treatment. Another seemingly innocent invasion of privacy would include acknowledging to unauthorized persons that a particular person is a patient in one's office. Unauthorized persons would include anyone not directly involved in the patient's care, unless specifically exempted by the patient. A waiver of confidentiality should be documented in the note history.

Quality Assurance Program for Patient Care

The Department of Dental Hygiene strives to provide the highest quality of care to our patients. For this reason, a quality assurance program has been implemented. Quality Assurance is the assessment or measurement of the quality of care provided and the implementation of any changes necessary to either maintain or improve the quality of care rendered. The program is continuous and involves three key components: assessment, evaluation, and correction.

Assessment

In order to evaluate the quality of care provided in the UAMS Dental Hygiene Clinic, assessment of quality is considered at two levels: satisfaction of the patient with the care received and quality of care provided by the practitioner.

Patient Satisfaction

Patient surveys are used to measure patient satisfaction as well as observations of and opinions toward the care received. Students or the Clinic Operations Coordinator distribute surveys to patients when treatment is completed. This data is tabulated and reviewed by the Program Director and faculty to determine if changes are needed.

Quality of Care

Chart Auditing- clinical faculty members are responsible for reviewing each patient's treatment record for appropriateness of documentation and care provided before co-signing the computer record. Therefore, computer chart audits are to be conducted at the completion of patient care. However, students must also maintain a patient treatment log that contains the name of each patient treated in the UAMS Dental Hygiene Clinic, date of treatment, description of care provided, and treatment status (complete/incomplete). Each student is assigned to a faculty advisor who meets with them at the middle of the first clinical semester (Clinic I) to review the treatment log. Faculty

advisors review each student's treatment log for appropriateness of care and to make sure all treatment initiated in the clinic is completed. Students have a professional, ethical, and potentially legal obligation not to abandon the care of a patient. During this time, faculty advisors utilize a Treatment Log Review Guide to assist students in reviewing patient records for completeness of documentation. Faculty advisors determine if the patient's periodontal classification is correct, appropriateness of diagnoses and treatment decisions, and the outcomes of care.

In addition to instructor evaluation, students must also be able to critically evaluate their own clinical proficiency. A list of goals and objectives for each competency to be evaluated is available in the clinic and on Blackboard. Students self-evaluate their clinical proficiency throughout the semester using the UAMS Professional Attributes and Judgement Form located on Typhon. Using the provided criteria, students must be able to judiciously assess their own performance. Students will complete their reflections/assessments and turn in on Blackboard throughout the semester for the Clinic Coordinator to review.

Evidence-Based Practice- The UAMS Dental Hygiene Clinic promotes an evidence-based practice of dental hygiene care. Treatment options must be based on assessment of the patient's needs and expectations and sound scientific evidence based on successful treatment outcomes. Evidence- based protocols require the use of rapidly changing technology and products through the evaluation of literature and continued professional education. Through the dental hygiene curriculum, continuing education courses, scientific journals, professional meetings, and guest speakers, faculty and students abreast of current technology, research, and literature in order to practice evidence-based decision making in providing dental hygiene care and education.

Standards of Care- The faculty assesses the degree to which the standards of clinical care are met by students in the dental hygiene clinic through clinical competency examinations and faculty observation. The department's quality assurance (QA) program also monitors these standards to ensure compliance. Patients will be provided comprehensive assessments and a dental hygiene diagnosis and appropriate treatment plan to include preventive and therapeutic care and patient education. Students will use the measurable assessment criteria to evaluate and communicate the outcomes of dental hygiene care and document all components of the dental hygiene process of care.

Evaluation

The data from the patient surveys, treatment record audits, and the student self-assessments are collected and analyzed. Patient surveys and student self-evaluations are forwarded to the Program Director. Summaries of the treatment record audits for each student are forwarded by the Clinic Coordinator to the Program Director, where she then evaluates the data and provides feedback to the faculty.

Correction

If the quality of treatment provided or patient opinion of the quality of care received in the clinic is inadequate, the appropriate corrective action will be taken to bring care back into line with expected standards. Faculty advisors may counsel or provide remedial education for individual students, or the Clinic Coordinator may discuss inadequacies with entire classes of students. Guided Instruction occurs when remediation is needed based on the student's needs. If an inadequacy is identified, the situation will be monitored and reassessed on a continual basis until it is resolved.

Records Management- The treatment record is a critically important part of the patient's record. It is a legal document. It includes all treatment provided to the patient and also provides historical insight into the patient's past treatment. The top portion of the medical history form should be filled in completely with the patient (name, address, DOB, phone number) and scanned into the computer under smart docs. The student must document exactly which services were provided, what recommendation or observations were made, and any medication given to or prescribe for the patient in the electronic clinical notes. The treatment record must be filled out after the student has completed all treatment for that appointment and before the instructor arrives for checkout. The instructor must review the student's entry, make corrections/additions as needed, and co-sign the treatment record/clinical notes on the computer.

Documentation in Treatment Record/Clinical Notes- Must be dated and electronically signed by the provider and supervising faculty. Items to document include:

- Anything given to the patient: toothbrush and auxiliary items, x-rays, etc.
- Anything told to the patient: recommendations, referrals, recall interval, oral hygiene instructions, post-treatment care instructions, etc.
- Prescriptions: what, how much, directions, refills
- Premedication: what, how much, when taken, specific directions given to patient
- Local anesthesia: type used, vasoconstrictor, amount, injection site
- Anecdotal notes
- Images taken: type, area, reason for individual PAs
- Supervising DDS

Quality Assurance in Dental Radiographic Imaging

Quality assurance is a plan for the x-ray facility to ensure the production of consistent, high-quality images with a minimum of exposure to patients and personnel. The ALARA (As Low as Reasonably Achievable) concept will be used. No image is exposed without benefit and is based on risk. The ADA guidelines for exposure are utilized.

Quality control refers to tests used for routine assessment of x-ray systems. Exposure times are posted.

Operator Competence: Reason for retakes aids in identifying recurring problems. Most retakes are due to missing apices. Retakes are limited to two images for bitewings or six images for an FMX. Students are required to have faculty assistance for retake exposures. The dentist will indicate the images to be re-exposed. If more than four retakes are required, a panoral may be authorized. Number of retakes must also be recorded in the note history.

X-ray machines are inspected annually. They are calibrated by an inspector in the radiation safety department at UAMS. They also check the lead aprons to make sure they are in good shape and cared for properly. Tubehead drift is monitored weekly and reported for repair when necessary.

Equipment is checked and maintained in proper working order. Radiographic infection control protocols are monitored daily (clinic days) including but not limited to proper use of barriers; cleaning and disinfecting; hand sanitizing/cleaning; and preventing cross contamination.

The Clinic Operations Coordinator is the lead contact of the QA program with guidance from the radiography instructor. Items checked daily will only have record signed weekly. All exercises are completed with clean hands or gloves.

Exercise	Schedule	Date completed	Initials
Check that countertops in scanning areas are clean	Daily		
Check barriers for PSP plates are neat and in container if used	Daily		
Check that scanners are clean if used	Daily		
Check that supplies in x-ray rooms are replenished and in clean container.	Daily		
Check x-rays rooms are clean and in order	Daily		
Check x-ray arm stability	Weekly		
Check condition of lead aprons & collars. Clean as needed	Weekly		
Schedule radiation safety officers to check machines	Yearly		
Check for reordering of PSP barriers and Schick barriers as needed	As needed		

UAMS Dental Hygiene Clinic Radiation Safety Precautions for Students, Employees, and Patients

1. New students/employees will be instructed on how to safely use the x-ray equipment.

2. Radiographic equipment and technical procedures shall be in compliance with State and Federal radiation safety standards, rules and regulations.

3. Radiographic facilities shall be designed to maximize student, operator, and patient protection from unnecessary exposure to ionizing radiation.

4. Digital imaging (PSP and direct digital receptors, scanner, etc.) shall be monitored on a regular basis to promote consistency in image quality.

5. The ADA radiographic selection criteria guidelines are used in selection of exposures for patients. Radiographic images shall be prescribed by the dental faculty.

6. Radiographs from the patient's former dentist are requested if the dates are appropriate and images diagnostic. -

7. Images are sent to dentists for referrals if requested.

8. Protective lead shields with thyroid collars are utilized for intraoral radiographic exposures if requested.

9. Students requiring retakes will be assisted by faculty or staff.

10. Female patients are asked if they are pregnant before exposures are made. Images will not be exposed during the first trimester unless in an emergency.

11. Parallel techniques and sensor holding devices along with 6mm PIDs are routinely used for exposures.

12. Recommended exposure times are utilized for radiographic equipment.

13. The student/staff always steps out of the room, behind a lead shield, or at least 6 feet away from the primary beam.

14. No student/staff will hold an image receptor for a patient.

15. Parallel techniques and film holding devices are routinely used.

16. Digital sensors are used for panoramic exposures.

17. Students pass a radiographic exposure competency before entering DHYG 31232 Clinic I.

18. Techniques for safety of patients included digital sensors, paralleling technique, smaller diameter PID, and sensor holding devices.

19. A copy of the *Arkansas Rules and Regulations for Control of Sources of Ionizing Radiation* for reference is available in the clinic and online.

Public Notice of Competence in Dental Hygiene Procedures

Definition of Terms:

Didactic Only: Material/techniques are covered within the classroom setting only. Limited ability to deliver the service is expected within the curriculum. Additional instruction and practice are necessary prior to the delivery of the service.

Lab Competency: Material/techniques are covered within the classroom and laboratory setting. Limited ability to deliver the service to a patient in the clinic is expected within the curriculum. Additional instruction and practice are necessary prior to the delivery of the service.

Clinical Observation: Observation experience provided at clinical or extramural sites. Additional instruction and practice are necessary prior to the delivery of the service.

Clinical Competency: Material/techniques are covered within the classroom, laboratory and clinical setting. Ability to deliver the service is expected within the curriculum and is evaluated through the use of process/product evaluations.

Procedure	**Didactic Only**	**Clinic Observe**	**Lab Competency**	**Clinical/Pre-clinic Competency**
Administration of Local Anesthesia				X
Air Polishing				X
Alginate Impressions			X	
Application of Topical Anesthesia				X
Biofilm and Stain Removal				X
Blood Pressure (Vital signs)				X
Caries Detection				X
Cleaning of dental appliances		X		
Delivery of Nitrous Oxide	X	X		
Dental Charting				X
Desensitization paste in clinic				X
Diagnodent	X			
Digital Scanning		X		
Emergency Management				X
Extra and Intra-oral Examinations				X
Finishing and Polishing Restorations	X			
Fluoride Tray Application	X			
Fluoride Varnish				X
Hand Instrumentation				X

Implant Maintenance				X
Infection Control				X
Instrument Sharpening				X
Intra-oral Camera				X
Medical and Dental Histories				X
Non-surgical Periodontal Therapy				X
Nutritional Counseling			X	
Patient Education				X
Periodontal Assessment				X
Periodontal Dressings	X			
Periodontal Surgery	X			
Pit and Fissure Sealants				X
Placement of Locally-delivered Anti-microbials				X
Plaque Index				X
Powered Instruments				X
Radiography: Conventional	X			
Radiography: Digital				X
Records Management				X
Soft Tissue Curettage	X			
Study Models			X	
Subgingival Irrigation	X			
Suture Removal	X			
Tobacco Cessation				X
Tray Fabrication			X	
Treatment Planning				X

Clinic Policies

Patient Policy
The UAMS Dental Hygiene Clinic is a teaching facility designed to provide clinical education and experience to dental hygiene students while providing high quality preventive dental hygiene care to patients. Because teaching students is the primary responsibility of the Clinic, we would appreciate patience and cooperation in assisting us in our efforts.

Appointments
- Appointments are scheduled for approximately 2 to 2 1/2 hours in length.
- Depending on individual needs, several appointments may be necessary to complete treatment.
- We request your cooperation in appearing on time for your scheduled appointments. Arriving more than 15 minutes late may result in modified services for that visit or longer wait times.
- If you are unable to keep your appointment, please provide a 24-hour notice by calling 501-686-5733.
- If you do not appear for your appointment or cancel in under 24 hours, it will be considered a *failed appointment,* and you will be charged a $15 fee.
- If you miss more than three appointments, you may be dismissed as a patient.

New Patients
In the interest of providing comprehensive care to our patients, the UAMS Dental Hygiene Clinic will provide all new patients over the age of 18 years an appointment for a "New Patient Evaluation" which will include the following:
- Medical history review
- Intra/Extraoral examination
- Dental charting and examination by the supervising dentist
- An evaluation of your periodontal condition (gum disease) will be completed.
- Appropriate radiographic imaging (x-rays) as determined by individual needs
- Examination by the dental hygiene instructor
- Individualized patient education
- Oral hygiene instructions
- Treatment planning
    - The approximate cost of treatment and approximate number of appointments needed will be explained at this time.
    - If advanced periodontal (gum disease) treatment is required, several appointments may be required to complete care.
    - Treatment alternatives, expected outcomes of treatment, and risks of no treatment will be discussed.
- The cost for this service is $30.00 which includes x-rays.
- <u>NO cleaning will be performed at this time</u>. As outlined in the treatment plan developed, the patient will be reappointed for the appropriate type and number of appointments.

Imaging
- Radiographic images are a necessary part of diagnosis and treatment; therefore, current x-rays are <u>required</u> of all patients.
- The type of images prescribed by the dentist will be based upon individual needs.
- Updated images can be taken here or mailed to us from another dental office.
- If taken here, the images can be mailed to a patient's dentist upon request after they have been evaluated/graded by the supervising dentist (usually 1–3-day time frame).

- Refusal to have radiographic images taken or provide current images from the patient's dentist's office will prevent us from being able to see the patient in our clinic as radiographic images are necessary for the best patient care.

Infection Control

- For your protection, all dental instruments are sterilized, and dental units are disinfected after each patient.
- Students and faculty are required to wear masks, gloves, and glasses during patient treatment.
- The Department of Dental Hygiene maintains the infection control guidelines of the Centers for Disease Control and Prevention (CDCP) and the Occupational Safety and Health Administration (OSHA).

Payment

- Payment of services is due at the time treatment is provided.
- Because we do not bill for services, payment must be made by credit/debit cards, check, cash, or money order.
- Patients will be given a receipt for services and fees. Fees for services are posted in the reception area.

Children and Minors Under 18

- All minors must have the medical history and consent for treatment signed by a parent or guardian prior to treatment.
- No children are allowed in the clinic area unless being treated as a patient.
- Our clinic is not equipped to provide childcare or babysitting services. Please make proper arrangement to have children properly supervised when receiving treatment.

Cellular Phones

Cellular phones are not permitted for use within the clinic premises. We kindly request all patients to either switch OFF their devices or set them to MUTE while in the clinic area. Students are also prohibited from using such devices to ensure their full attention is devoted to patient treatment. Hence, we kindly ask patients to extend the same courtesy to our students.

Clinical Services Form

The UAMS Dental Hygiene Clinic provides the following services:

Medical History/Vitals Assessment
Intra/extraoral examination
X-rays (radiographs)
Dental examination
Periodontal assessment
Treatment planning
Oral hygiene instructions
Nutritional counseling
Tobacco cessation
Polishing
Local anesthesia
Non-surgical periodontal therapy
Placement of locally delivered anti-microbial agents
Fluoride
Sealants

UAMS Dental Hygiene Clinic Patient Rights

As a patient of the UAMS Dental Hygiene Clinic, you have a right to

- receive considerate, respectful, and confidential treatment.

- continuity and completion of treatment.
- informed consent including receiving a detailed explanation of recommended treatment and treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments. You have the right to refuse any or all treatment at which time you may be referred for treatment elsewhere.
- know the cost of treatment prior to the commencement of care.
- have access to complete and current information about your condition.
- receive treatment that meets the highest standards recognized by the dental hygiene profession and is rendered under the supervision of UAMS licensed faculty
- not be discriminated on the basis of age, sex, race, or handicapping condition. Should you require special care due to a hardship, please inform our staff.
- be informed of your oral health status and treatment needs after the completion of a comprehensive oral examination. Upon your acceptance of the recommended treatment, it is your responsibility to make your scheduled appointments and complete the treatment planned for you.

Please note, the treatment performed may not constitute full and comprehensive dental care. Should you require additional dental care, you will be provided a referral letter of the treatment needed in order that you may seek dental care from the dentist of your selection.

❖ My signature below indicates that I have received a copy of the UAMS Dental Hygiene Clinic Policies and Patient Rights Statement.

Signature: _____ Date: _____

Consent for Treatment

- I have received, read, and signed the UAMS Notice of Privacy Practices form.
- I understand that the care provided is primarily preventive in nature and does not constitute comprehensive dental care.
- I understand that all diagnostic aids, including radiographic imaging and/or photographs are the property of the Clinic.
- I further authorize the administration of such anesthetics and medications as are considered necessary for my treatment.
- I hereby give my consent for my initial care and all subsequent care to the faculty and students of the Department of Dental Hygiene to provide any and all necessary diagnostic and dental hygiene services for myself or, my child, (child's name_____) unless affirmatively revoked in writing.

  If child, relationship to patient: _____

Signature: _____ Date: _____

(Place MR Label Here)
MR#:
Patient's Name:
Patient's Date of Birth:

UAMS Medical Center

Acknowledgement of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

_____ _____ _____
Patient or Legal Representative's Signature Date Time

_____
Print Legal Representative's Name (if applicable)

If Legal Representative, authority of Legal Representative _____
(such as parent of minor, guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written acknowledgement, but acknowledgement could not be obtained because:

☐ Patient or Legal Representative declined to sign the Acknowledgement of Receipt

☐ Other (please specify) _____

_____

_____ _____ _____
Signature of Employee Completing Form Date Time

_____ _____
Print Name of Employee Completing Form UAMS Location

UAMS
University of Arkansas for Medical Sciences

NOTICE OF PRIVACY PRACTICES

Your Information.
Your Rights.
Our Responsibilities.

This Notice of Privacy Practices describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we use or share
- Get a list of those with whom we've shared your information
- Get a copy of this Notice of Privacy Practices
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Include you in a patient directory
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

See page 3 and 4 for more information on these uses and disclosures.

This Notice of Privacy Practices applies to the following organizations:
UAMS Medical Center, UAMS Regional Campuses, UAMS Winthrop P. Rockefeller Cancer Institute, UAMS Psychiatric Research Institute, UAMS Harvey & Bernice Jones Eye Institute, UAMS Donald W. Reynolds Institute on Aging, UAMS Jackson T. Stephens Spine & Neurosciences Institute, The UAMS Orthopaedic and Spine Hospital, UAMS Northwest Arkansas campuses and facilities, UAMS clinics and other UAMS facilities (collectively referred to as "UAMS").

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	• You can ask to see or get an electronic or paper copy of your medical record and other health information that we have about you. • We will provide a copy or a summary of your health information. We may charge a reasonable, cost-based fee. • Contact the UAMS Health Information Management Department at 501-603-1520 or records@uams.edu to request a copy of your medical record. • You can sign up for UAMS MyChart to access your health information. UAMS MyChart is a patient portal that gives you free, secure 24-hour online access to your health information. For more information, go to mychart.uamshealth.com or ask your clinic staff or hospital nurse how to sign up for UAMS MyChart.
Correct your paper or electronic medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • You can also update your communication preferences via MyChart at mychart.uamshealth.com. • We will say "yes" to all reasonable requests.
Ask us to limit what we use or share	• You can ask us not to use or share certain health information for treatment, payment or our health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurance plan. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we've shared your information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this Notice of Privacy Practices	• You can ask for a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive the Notice of Privacy Practices electronically. We will provide you with a paper copy promptly. You can also access an electronic copy at uamshealth.com.
File a complaint if you feel your rights have been violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 5. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/hipaa/filing-a-complaint/index.html. • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care.
- Unless you tell us not to, we may include your information in our patient directory and disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes in most circumstances

In the case of fundraising:

- We may contact you for fundraising efforts, but you can call us at 1-888-995-UAMS (8267) or email us at advancement@uams.edu and tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the ways listed below.

Treat you

- We can use your health information and share it with other professionals who are treating you. We may make your information available electronically through an electronic health information exchange (HIE) to other health care providers so that they can treat you. Participating in an electronic HIE may also let us see their information about you so we can treat you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care and contact you when necessary.

Example: UAMS is a teaching facility. We use health information about you for training and educational purposes.

Bill for your services

- We can use and share your health information to bill and get payment from health insurance plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: hhs.gov/hipaa/for-individuals/index.html.

Help with public health and safety issues	• We can share health information about you for certain situations such as: o Preventing disease o Helping with product recalls o Reporting adverse reactions to medications o Reporting suspected abuse, neglect or domestic violence o Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations, such as ARORA (Arkansas Regional Organ Recovery Agency).
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner or funeral director when an individual dies.
Address workers' compensation, law enforcement and other government requests	• We can use or share health information about you: o For workers' compensation claims o For law enforcement purposes or with a law enforcement official o If you are an inmate in a correctional institution, we may share your information with the institution o With health oversight agencies for activities authorized by law o For special government functions such as military, national security and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in the course of a lawsuit or legal action, in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice of Privacy Practices and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

Organized Health Care Arrangement (OHCA)

- UAMS and Arkansas Children's are members of an OHCA. Arkansas Children's includes Arkansas Children's Hospital, Arkansas Children's Northwest, Arkansas Children's Medical Group, Arkansas Children's Hospital Medical Staff, and Arkansas Children's Northwest Medical Staff.
- We will share your information with Arkansas Children's to treat you, to bill and get payment from services provided by UAMS health care professionals who work on the Arkansas Children's campuses, and to run the business operations of the OHCA.

Changes to the Terms of this Notice of Privacy Practices

We can change the terms of this Notice of Privacy Practices, and the changes will apply to all information we have about you. The new Notice of Privacy Practices will be available upon request by calling the UAMS HIPAA Office at 501-603-1379, on our website at uamshealth.com, and on the UAMS HIPAA website at hipaa.uams.edu.

UAMS

Contact Us
If you have any questions or need more information, contact the UAMS HIPAA Privacy Officer at 4301 W. Markham Street, Slot 829, Little Rock, AR 72205, 501-603-1379, or at hipaa@uams.edu.

Clinical Competencies

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Basic Medical History and Vitals for Pre-clinic

Objective: The student will obtain and document all information regarding the patient's medical history, and correctly measure and document blood pressure, pulse and respirations.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Review the patient's medical history information, verify and document completeness and accuracy of information with patient		
Ask additional open-ended questions regarding patient responses that might influence patient care, and document		
Correctly measure and document vital signs: a. Blood Pressure		
b. Respirations		
c. Pulse		
Use appropriate reference to review medications and document information relevant to dental treatment		
Identify the need for precautions or treatment alterations, and document		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Verify and document completeness and accuracy of information with patient

- Make sure patient understood all questions and answered all questions completely and accurately.
- Question patient about "yes" answers;

Question patient concerning responses that might influence patient care, and document

- Allergies, systemic conditions, etc.
- Ask appropriate questions to obtain all relevant information.
- Confirm reason(s) for taking all medications.
- Question patient about over-the-counter medications, and document.

Correctly measure and document vital signs

- Demonstrate correct procedure for taking Blood Pressure, respirations and pulse. Accurately document for patient record.

Use appropriate reference to review medications and document treatment alterations

- Look up all medications on Lexicomp with notations for alterations of treatment if necessary and document for patient record.

Identify the need for precautions related to patient treatment

- Prophylactic antibiotics, management of potential emergency situations, etc.

Professional Judgement

- Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors; Punctuality, appearance, demeanor, attitude, composure and honesty.

Maintain asepsis

- Perform the medical history and vitals procedures using infection control protocol to avoid cross contamination.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Tooth Numbers

Objective: The student will demonstrate competence in identifying the correct tooth number using the universal numbering system.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
#3 / #2		
#7 / #8		
#11 / #10		
#15 / #14		
#20 / #19		
#23 / #21		
#27 / #25		
#30 / #29		
Correct positioning of the light for adequate illumination of the oral cavity		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Component Details

- The instructor will choose which eight teeth to identify for the competency. The instructor may change the teeth numbers as necessary. The competency numbers above are just a guide.
- The student will point to the correct tooth in the mouth with a shepherd's hook explorer.
- The student will have approximately ten seconds to identify the tooth.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Pre-Clinic Intraoral and Extraoral Examination

Objective: The student will correctly perform an intraoral and extraoral examination.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Observe patient's gait and posture and examine the 5 facial zones		
Explain to the patient the rationale for the exam and what to expect during the exam		
Correctly palpate and visually examine the extraoral hard and soft tissues of the head and neck. Verbalize all structures palpated utilizing correct patient/ operator positioning for structures that need to be visualized.		
Correctly palpate and visually examine the intraoral tissues. Verbalize all structures palpated and visually examined		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Observe patient's gait and posture and examine the 5 facial zones

- Forehead, eyes, cheeks and nose, lips and chin, neck
- Looking for asymmetry, lesions, discolorations, masses, etc.
- Completely document findings

Explain the Rationale to the patient

- Effectively communicate the purpose of the procedure in terms that the patient can understand and describe to them how you will be performing the exam

Correctly palpate and visually examine the extraoral hard and soft tissues of the head and neck

- To include palpation of lymph nodes and evaluation of the thyroid gland, parotid gland, and TMJ missing, missing no structures
- Use correct patient/operator positioning for thyroid exam, parotid gland and TMJ
- Use correct digital, bidigital, or bimanual technique

Correctly palpate and visually examine the intraoral tissues

- Correct positioning of the light for visibility of structures
- To include visual examination of the oral mucosa, gingiva, tongue, and oropharynx; and palpation of labial and buccal mucosa, floor of the mouth, gingiva, hard palate, and tongue
- Identify all intraoral structures discussed in class (or found in the Pre-clinic lab activity manual)
- Perform visual examination
- Perform accurate palpation methods for all structures

Maintain asepsis

- Properly perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Mirror and Fulcrums

Objective: The student will demonstrate correct use of the mirror and appropriate instrument fulcrums in selected treatment areas.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Light positioned appropriately for treatment area		
Demonstrates correct use of the mirror for the following treatment areas: (Instructor assigns areas)		
Establishes secure intraoral fulcrum appropriate for treatment area: (Instructor assigns areas)		
Demonstrates correct grasp (for both dominant & non-dominant hands)		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator positioning (neck, shoulders, back, arms, wrists, lower body)
- Correct patient positioning for treatment area (head turned toward or away, chin up for maxillary, chin down for mandibular)

Light positioned appropriately for treatment area
- Adequate illumination
- Positioned at arm's length
- Positions light appropriately for maxillary or mandibular arch

Demonstrates correct use of the mirror for treatment area
- Retraction, indirect vision, illumination, transillumination
- Correct use of the mirror maximizes visibility of the treatment area while maintaining neutral operator position

Establishes a secure fulcrum appropriate for the treatment area
- Fulcrum finger straight
- Not on same tooth being scaled
- Incisal edge or occlusal surface (not on facial or lingual surfaces)
- Maintains neutral operator position
- Student must be on the correct tooth number given by instructor

Demonstrates correct modified pen grasp
- No split grasp
- Thumb and index in "C" shape
- Middle finger resting on shank

Maintain asepsis
- Perform the procedures using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

#23 Explorer

Objective: The student will demonstrate correct use of the #23 explorer.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate visualization of the tooth surface being explored		
Demonstrates and maintains correct modified pen grasp. No split grasp		
Establishes stable fulcrum		
Correctly adapts the tip of the explorer to the pits and fissures of the teeth		
Explores all pits and fissures on anterior and posterior teeth (including buccal and/or lingual) and/or all restorations present on the teeth		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator positioning (neck, shoulders, back, arms, wrists, lower body)
- Correct patient positioning for treatment area (head turned toward or away, chin up for maxillary, chin down for mandibular)
- Student must be on the correct tooth number given by instructor

Demonstrates correct modified pen grasp
- No split grasp
- Thumb and index in "C" shape
- Middle finger resting on shank

Fulcrum
- Stable
- Intraoral or extraoral is acceptable

Maintain asepsis
- Properly perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

ODU 11/12 Explorer

Objective: The student will demonstrate correct use of the ODU 11/12 explorer.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate visualization of the tooth surface being explored		
Demonstrates and maintains correct modified pen grasp		
Establishes stable fulcrum		
Use the correct end of the instrument		
Demonstrates correct use on anterior and posterior teeth		
Correct adaptation		
Light grasp and light lateral pressure		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator positioning (neck, shoulders, back, arms, wrists, lower body)
- Correct patient positioning for treatment area (head turned toward or away, chin up for maxillary, chin down for mandibular)

Demonstrates correct modified pen grasp
- No split grasp
- Thumb and index in "C" shape
- Middle finger resting on shank

Fulcrum
- Stable
- Intraoral is preferred; extraoral is acceptable

Demonstrates correct use on anterior and posterior teeth
- Anterior – begin at the midline of the tooth
- Posterior – begin at the distal line angle
- Student must be on the correct tooth number given by instructor

Correct adaptation
- Maintains leading third against tooth surface
- Explores at least half way across each proximal surface (beneath contact)

Maintain asepsis
- When utilizing the ODU 11/12, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Pre-Clinic Probing Technique

Objective: The student will demonstrate correct probing technique

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Appropriate patient/operator positioning for best visibility		
Adequate light to visualize probe readings		
Correct use of modified pen grasp		
Establishes stable fulcrum		
Correctly orients probe to tooth		
Uses overlapping walking strokes within the sulcus or pocket; maintains probe beneath gingival margin as much as possible		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes stable fulcrum
- Intraoral preferred, extraoral is acceptable

Correctly orients probe to tooth
- As parallel as possible
- Maintains leading third in contact with tooth surface
- Tilts probe slightly to extend beneath contact
- Student must be on the correct tooth number given by instructor

Uses overlapping walking strokes within the sulcus or pocket
- Maintains probe beneath gingival margin as much as possible
- Covers entire circumference of tooth with the "walking stroke"

Maintain asepsis
- Properly perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

H6/H7 Sickle Scaler

Objective: The student will demonstrate correct use of the H6/H7 sickle scaler.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Correct adaptation
- Maintains leading third against tooth surface
- Explores at least half way across each proximal surface (beneath contact)

Demonstrates correct activation
- Student must be on the correct tooth number given by instructor
- Begins at midline and scales surfaces toward/away
- Scales at least half way across each proximal surface from facial and lingual
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum (no digital activation)

Maintain asepsis
- When using the H6/H7, students properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Nevi 3 or 4 Sickle Scaler

Objective: The student will demonstrate correct use of the Nevi3 sickle scaler.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Maintains leading third against tooth surface		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrates correct activation
- Begins at distal line angle and scales at least half way across distal surface; repositions at distal line angle and scales at least half way across mesial surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Nevi 3 or 4, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

S204 or SD204 Sickle Scaler

Objective: The student will demonstrate correct use of the S204 or SD204 sickle scaler.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Establishes and maintains correct angulation
- 60-80 degrees

Demonstrates correct activation
- Posterior sextants: begins at distal line angle and scales at least half way across distal surface; repositions at distal line angle and scales at least half way across mesial surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the S204 or the SD204, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Barnhart 5/6 Curet

Objective: The student will demonstrate correct use of the Barnhart 5/6 curet on posterior teeth.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrates correct activation
- Posterior teeth - begins at distal line angle, scales at least half way across distal surface; re-positions at distal line angle, scales across facial or lingual surface and continues at least half way across mesial surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Barnhart 5/6, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Columbia 4R/4L Curet

Objective: The student will demonstrate correct use of the Columbia 4R/4L curet on posterior teeth.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
No split grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrates correct activation
- Posterior teeth - begins at distal line angle, scales at least half way across distal surface; re-positions at distal line angle, scales across facial or lingual surface and continues at least half way across mesial surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Columbia 4R/4L, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Younger-Good 7/8

Objective: The student will demonstrate correct use of the Younger-Good Curet

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrate correct activation
- Begins at distal line angle and scales at least half way across distal surface; repositions at distal line angle and scales at least half way across mesial surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Younger-Good 7/8, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Gracey 1/2 Curet

Objective: The student will demonstrate correct use of the Gracey 1/2 curet on anterior teeth.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrates correct activation
- Begins at midline and scales at least half way across proximal surface;
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Gracey 1/2, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Gracey 11/12 or 15/16 Curet

Objective: The student will demonstrate correct use of the Gracey 11/12 or 15/16 curet on posterior teeth.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning

Neutral operator position; You may have to adjust your normal clock positions for better visibility
Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
No split grasp
Fulcrum finger advanced ("stands up" on fulcrum)
Relaxed grasp

Establishes and maintains correct angulation

60-80 degrees

Establishes and maintains correct adaptation
Maintains leading third against tooth surface

Demonstrates correct activation
Begins at distal line angle, scales at least half way across mesial surface
Uses short, controlled calculus-removal strokes with appropriate lateral pressure
Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
Student must be on the correct tooth number given by instructor

Maintain asepsis
When using the Gracey 11/12, student properly uses infection control protocol to avoid cross contamination.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Gracey 13/14 Curet

Objective: The student will demonstrate correct use of the Gracey 13/14 curet on posterior teeth.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate illumination of the treatment area		
Demonstrates and maintains correct modified pen grasp		
Selects the correct working end for treatment area		
Establishes stable intraoral fulcrum, appropriate for the treatment area		
Establishes and maintains correct angulation		
Establishes and maintains correct adaptation		
Demonstrates correct activation		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Correct patient and operator positioning
- Neutral operator position; You may have to adjust your normal clock positions for better visibility
- Patient's head turned toward or away as appropriate, chin up for maxillary and chin down for mandibular

Correct use of modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Establishes and maintains correct angulation
- 60-80 degrees

Establishes and maintains correct adaptation
- Maintains leading third against tooth surface

Demonstrates correct activation
- Begins at distal line angle, scales at least half way across distal surface
- Uses short, controlled calculus-removal strokes with appropriate lateral pressure
- Correct movement on fulcrum; hand and wrist move as a unit (no digital activation)
- Student must be on the correct tooth number given by instructor

Maintain asepsis
- When using the Gracey 13/14, student properly uses infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Manual Polishing and Flossing

Objective: The student will demonstrate correct polishing and flossing technique for effective biofilm and extrinsic stain removal.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Maintains neutral operator positioning		
Selects the appropriate polishing agent		
Correctly applies disclosing solution to facial and lingual surfaces		
Demonstrates and maintains correct modified pen grasp		
Maintains fulcrum throughout procedure (intraoral or extraoral)		
Maintains correct adaptation of the prophy cup		
Demonstrates correct activation		
Demonstrates correct flossing technique		
Re-applies disclosing solution and evaluates for remaining biofilm		
Maintains asepsis		

Comments:

Competency Criteria

Pre-Clinic
No more than 5 areas of remaining biofilm

Clinic I & Summer Clinic
No more than 3 areas of remaining biofilm

Clinic II
No more than 2 areas of remaining biofilm
Clinic III
No more than 1 area of remaining biofilm

Task Components Details

Maintains neutral operator positioning
- Correct positioning of the light for adequate illumination of the treatment area

Selects the appropriate polishing agent
- Tin oxide, fine paste, coarse paste, etc.

Correctly applies disclosing solution to facial and lingual surfaces
- No disclosing solution applied to occlusal surface
- Retracts with mirror while applying solution
- Rinses and suctions patient after disclosing

Demonstrates and maintains correct modified pen grasp
- No split grasp
- Fulcrum finger advanced ("stands up" on fulcrum)
- Relaxed grasp

Maintains correct adaptation of the prophy cup
- 90 degree angle to the tooth surface
- Adapts cup to proximal areas
- Adapts cup to cervical third/gingival margin

Demonstrates correct activation
- Begins at the gingival margin; vertical polishing strokes in a coronal direction
- Appropriate speed to effectively remove biofilm without excessive heat production
- Appropriate pressure (cup should flare slightly) to effectively remove biofilm
- Rinses thoroughly after polishing

Demonstrates correct flossing technique
- "C" shape on both sides of interdental papillae
- Up-and-down flossing strokes
- Adequate pressure to effectively remove biofilm
- Rinses thoroughly after flossing

Maintain asepsis

Perform biofilm removal techniques using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Application of Fluoride Varnish

Objective: The student will demonstrate correct application of fluoride varnish for effective therapeutic value.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Maintains neutral operator positioning		
Provides informed consent to the patient about the risks and benefits of fluoride treatment		
Dries teeth with compressed air or gauze using appropriate retraction techniques		
Correctly applies fluoride varnish in a thin layer to all surfaces of the teeth		
Provide patient with the correct post-operative instructions directly following application.		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Maintains neutral operator positioning
Correct positioning of the light for adequate illumination of the treatment area

Correctly applies fluoride varnish in a thin layer to all surfaces of the teeth
Dry teeth with compressed air or 2x2 gauze
Open the fluoride package and stir the contents
Use the provided brush to apply a very thin layer of varnish to all surfaces of the teeth

Provide patient with post-operative instructions directly following application.
Leave on for 4-6 hours for maximum effect
Eat only soft foods for the remainder of the day, avoid crunchy
Avoid hot beverages for the remainder of the day
It's okay to drink water and cool beverages
No brushing the teeth for 4-6 hour after treatment

Some brands leave a light-yellow tint and/or feel sticky
Stop supplemental fluoride, including fluoride tabs for 2-3 days
Patients can be told that teeth may feel “furry” for a short time

Maintain asepsis
Perform fluoride application techniques using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Basic Oral Hygiene Instruction for Pre-clinic

Objective: The student will demonstrate correct toothbrushing and flossing technique for effective biofilm removal on a basic beginner's level of knowledge

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adequately applies disclosing solution to all facial and lingual surfaces of the teeth using effective infection control measures.		
Correctly calculates patient plaque index score		
Adequately explains what the disclosing solution shows and provides the patient with their plaque index score		
Correctly positions patient in an upright seated position for appropriate communication consideration and proximity.		
Correct positioning of the light for adequate illumination of the oral cavity		
Has patient demonstrate their current technique for brushing and flossing		
Adequately demonstrates the most effective toothbrushing technique		
Demonstrates correct flossing technique		
Demonstrates correct tongue care		
Use of a handheld mirror, as needed, throughout the oral hygiene instruction for effective patient communication		
Explain the role of biofilm in the development of oral diseases		
Maintains asepsis		

Task Components Details

Use disclosing solution and hand mirror, with patient seated upright
Have patient hold hand mirror so that the patient can see the disclosing solution.

Select the appropriate toothbrush
Manual vs powered toothbrush. Manual brush (soft bristles)

Select the appropriate brushing technique
Brush a minimum of two minutes
Modified Bass — is used by patients who suffer limited gum recession or dexterity. The brush has to be put in 45 degrees at the front surface of the teeth while the bristles are projected in the pockets which surround the tooth. (Short vibratory strokes) **Most common
Stillman — incorporates a press-and-roll with the toothbrush bristles placed initially on the gums. This method is considered a gingival-stimulating massage, in addition to offering the benefit of cervical plaque removal
Charters — is used mostly used in presence of any appliance (Ortho) in oral cavity position the bristles towards the crown of the teeth the sides of the bristles are placed at gingival margin 45 degree to the long axis of the tooth short back and forth motions are given directly.
Fones — used most commonly with children; circular brushing technique
Electric toothbrush: place bristles at a 45 degree angle and let the brush do the work; 30 seconds in each quad (including the occlusal surfaces), then brush tongue.

Demonstrates correct flossing technique -“C” shape
Both sides of interdental papillae
Up and down flossing strokes
Adequate pressure to effectively remove biofilm

Demonstrates correct tongue care
Inquire about current tongue cleaning habits
Posterior to anterior strokes
Inform and discuss tongue cleaning aids

Describe the role of biofilm and calculus in the development of oral disease relative to the patient’s condition
Biofilm is what patients may know as plaque. Bacteria is found in biofilm. Biofilm forms within a few hours of removing biofilm through brushing and cleaning in between teeth. It is important to remove biofilm due to the bacteria at least twice a day (morning and night) to prevent decay (cavities), gingivitis, and periodontitis. Gingivitis is inflammation of the gums. If left untreated, gingivitis can lead to periodontitis, which includes loss of the bone that support the teeth. Minerals in saliva can lead to calculus (known as tartar), which harbors biofilm (including the bacteria).
In addition, dental biofilm, especially subgingival plaque in patients with periodontitis, has been associated with various systemic diseases and disorders, including cardiovascular disease, diabetes mellitus, respiratory disease, and adverse pregnancy outcomes.
Clinical Implications: An understanding of the nature and pathophysiology of the dental biofilm is important to implementing proper management strategies. Although dental biofilm cannot be eliminated, it can be reduced and controlled through daily oral care. A daily regimen of thorough mechanical oral hygiene procedures, including toothbrushing and interdental cleaning, is key to controlling biofilm accumulation. Because teeth comprise only 20% of the mouth's surfaces, for optimal oral health, the use of

an antimicrobial mouthrinse helps to control biofilm not reached by brushing and flossing as well as biofilm bacteria contained in oral mucosal reservoirs.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Guided Biofilm Therapy – Airflow component (Sub/Supragingival)

Objective: Using aseptic technique, the student will utilize the Airflow air polisher to remove biofilm without traumatizing the tissue. Student must disclose and calculate a plaque index score prior to biofilm removal.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Reviews medical history and dentition for contraindications.		
Explains risks and benefits of procedure.		
Utilizes a pre-procedural, anti-microbial mouth rinse. (Peroxyl)		
Document patient's biofilm index score		
Assembles appropriate armamentarium		
Selects appropriate powder(s) for areas indicated. Sodium bicarbonate: Supra-gingival only Erythritol: Supra or Sub-gingival Glycine: Supra or Sub-gingival		
Utilizes recommended power and water settings for area of instrumentation and powder selected.		
Uses appropriate pen grasp.		
Maintains a recommended safe distance from the tooth structure. (2 – 3mm away)		
Directs the air powder flow away from the gingiva at the recommended angulation (45°) for coronal polishing and stain removal if utilizing Sodium Bicarbonate. Directs the air powder flow toward the gingiva at the recommended angulation (45°) for coronal polishing and subgingival biofilm removal if utilizing Glycine or Erythritol.		

During treatment, makes a constant crescent-shape sweeping motion over the tooth surface for the recommended duration. (3 -5 seconds/tooth surface)		
Utilizes the recommended placement of high-volume evacuator for effective evacuation.		
Maintains appropriate operator to patient positioning.		
Maintains a proper intraoral/extraoral fulcrum.		
Reveals no significant remaining plaque. Reassess subgingival biofilm removal. No visible stain remains.		
Causes no trauma.		
Professional Judgement		
Maintains asepsis.		
Provides patient with post-operative instructions.		

*Competency Criteria
Pre-Clinic
No more than 4 areas of remaining biofilm

CLINIC I AND SUMMER CLINIC
No more than 3 areas of remaining biofilm

CLINIC II
No more than 2 areas of remaining biofilm

CLINIC III
No more than 1 area of remaining biofilm

Utilizes recommended power and water settings for area of instrumentation and powder selected.
Power sliding scale (1 – 3), water control (7 – 10).
Water must be turned up greater than 7 to activate the water heating element.

Professional Judgement
Utilize the dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis
Perform biofilm removal techniques using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS EXPERIENCE/COMPETENCY EVALUATION

Sealant Procedure

Objective: Using aseptic technique, the student will employ proper sealant procedure techniques in placement of pit and fissure sealants without traumatizing the tissues.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Review the patient's medical and social history for need of sealant procedure		
Prepare the tooth as necessary for type of sealant to be placed along with any intraoral barriers needed		
Check the retention of the material		
Check the margins for smoothness and air bubbles; adjust the occlusion, as needed.		
Identify the need for precautions or pre-treatment and post-treatment alterations, and document in the patient record		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Question patient concerning responses that might influence patient care, and document

- Allergies, systemic conditions, etc.
- Ask appropriate questions to obtain all relevant information
- Confirm reason(s) for taking all medications
- Question patient about over-the-counter medications, and document
- Obtain consent from parent or guardian if patient is a minor

Identify the need for sealants

1. Along with the DDS, determine the risk of dental caries and the need for dental sealants

Prepare for the procedure

- Prepare the patient; explain the procedure to the patient and the rationale for dental sealants in words they can understand
- Prepare the tooth surface according to manufacturing instructions
- Check sealant material for retention and accuracy of occlusion

Post-treatment Instructions

- Be sure to explain to the patient what type of alterations to their daily routine and diet changes are needed prior to placement of dental sealants

Professional Judgement

- Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors; Punctuality, appearance, demeanor, attitude, composure and honesty. Place sealant on the correct tooth

Maintain Asepsis

2. Perform the sealant procedure using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Completed Patients

Objective: The student will be able to perform all appointment tasks with no critical errors in the appointment time provided for clinic, which is 2 ½ hours for Summer Clinic and Clinic I, 2 hours for Clinic II, and 1 hour 40 minutes for Clinic III.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
All assessment data collected correctly, case type described and communicated to instructor before appointment procedures		
Sequence of appointment is appropriate for appointment type: Recall, Re-appoint, etc.		
Appropriate treatment provision of services according to patient category		
Appropriate treatment provision of services according to patient case type		
Correct patient and operator positioning for periodontal instrumentation		
Calculus detection completed correctly		
Correct instrumentation technique demonstrated		
*Effective removal of calculus and stain without traumatizing the tissue		
*Effective biofilm removal		
Patient education provided		
Professional judgement and behavior demonstrated		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

***Competency Criteria**

Clinic Course	Patient Difficulty	Competency Criteria
Clinic I	A	No more than 30% of the calculus remaining
Clinic I	B	No more than 40% of the calculus remaining
Summer Clinic	A	No more than 25% of the calculus remaining
Summer Clinic	B	No more than 30% of the calculus remaining
Clinic II	A	No more than 10% of the calculus remaining
Clinic II	B	No more than 20% of the calculus remaining
Clinic III	A	No more than 5% of the calculus remaining
Clinic III	B	No more than 10% of the calculus remaining

***Competency Criteria**

CLINIC I AND SUMMER CLINIC
No more than 3 areas of remaining biofilm

CLINIC II
No more than 2 areas of remaining biofilm

CLINIC III
No more than 1 area of remaining biofilm

Task Component Details:

Evaluation of current oral health status from assessment data

- All assessments performed by the student including determining need for radiographic imaging.

Appropriate treatment provision of services according to patient category

- Pediatric patient (≤ 12 years of age)
  - Medical/Dental history confirmed with parent/legal guardian
  - Comprehensive preventive and therapeutic oral health care services for pediatric patients, including special healthcare needs
  - Appointments are planned for clinical oral examination, caries risk assessment, biofilm and calculus removal, fluoride application, radiographic assessment, treatment planning of dental disease, evaluation of developing dentition/malocclusion, anticipatory guidance/counseling, and introduction to dental hygiene.
  - Demonstration of accurate dental charting of primary or mixed dentition
  - Examine the need for pit and fissure sealants
  - Initiate and/or strengthen positive age-appropriate preventive measures, such as fluoride usage, appropriate nutritional practices, and daily dental biofilm removal
  - Recommend changes in any parental practices that may be detrimental to the child's oral health.
- Adolescent patient (13-17 years of age)
  - Medical/Dental history confirmed with parent/legal guardian

    - Comprehensive preventive and therapeutic oral health care services for adolescent patients, including special healthcare needs
    - Appointments are planned for clinical oral examination, caries risk assessment, biofilm and calculus removal, fluoride application, radiographic assessment, treatment planning of dental disease, evaluation of dentition/malocclusion, and anticipatory guidance/counseling.
    - Demonstration of accurate dental charting of mixed or permanent dentition
    - Examine the need for pit and fissure sealants
    - Initiate and/or strengthen positive age-appropriate preventive measures, such as fluoride usage, appropriate nutritional practices, and daily dental biofilm removal
    - Assess for periodontal issues and diseases at each visit.
- Adult patient (18-64 years of age)
    - Medical/Dental history acquired and confirmed with patient.
    - Comprehensive preventive and therapeutic oral health care services for adult patients, including special healthcare needs
    - Appointments are planned for clinical oral examination, caries risk assessment, biofilm and calculus removal, fluoride application, radiographic assessment, treatment planning of dental disease, evaluation of dentition/malocclusion, and guidance/counseling.
    - Demonstration of accurate dental charting of permanent dentition
    - Strengthen preventive measures, such as fluoride usage, appropriate nutritional practices, and daily dental biofilm removal
    - Assess for periodontal issues and diseases at each visit.
- Geriatric patient (≥ 65 years of age)
    - Medical/Dental history acquired and confirmed with patient or caregiver.
    - Comprehensive preventive and therapeutic oral health care services for geriatric patients, including special healthcare needs, in all types of dental settings
    - Care for the older adult patient needs to be planned in terms of comprehensive, not palliative treatment.
    - Appointments are planned for clinical oral examination, caries risk assessment, biofilm and calculus removal, fluoride application, radiographic assessment, treatment planning of dental disease, evaluation of dentition/malocclusion, and guidance/counseling.
    - Demonstration of accurate dental charting of permanent dentition
    - Strengthen preventive measures, such as fluoride usage, appropriate nutritional practices, and daily dental biofilm removal
    - Assess for periodontal issues and diseases at each visit.
    - Assess comorbidities and polypharmacy conditions that may affect the oral health status of the patient.
    - Adaptations made to the process of care when cognitive, sensory, or physical conditions/limitations are present
- Special needs
    - Medical/Dental history acquired and confirmed with patient, guardian, or caregiver.
    - Comprehensive preventive and therapeutic oral health care services for patients with special healthcare needs, in all types of dental settings
    - Appointments are planned for clinical oral examination, caries risk assessment, biofilm and calculus removal, fluoride application, radiographic assessment, treatment planning of dental disease, evaluation of dentition/malocclusion, and guidance/counseling.
    - Demonstration of accurate dental charting of permanent dentition
    - Strengthen preventive measures, such as fluoride usage, appropriate nutritional practices, and daily dental biofilm removal
    - Assess for periodontal issues and diseases at each visit.
    - Assess comorbidities and polypharmacy conditions that may affect the oral health status of the patient.
    - Adaptations made to the process of care when cognitive, sensory, or physical conditions/limitations are present

- Successful management of treatment modifications relative to patient impairments

Appropriate treatment provision of services according to patient case type

- Gingival Health
  - Healthy tissue free of inflammation that is not altered by disease or trauma
  - Tissue does not bleed on gentle probing
  - Tissue fits snugly around the tooth and firmly against the alveolar bone.
  - Gingival margin is smoothly and evenly scalloped
  - Free gingival margin is knife-like (flat or slightly rounded)
  - Papillae come to a point (pyramidal) and fills interdental spaces
- Gingival Disease
  - Inflammation confined to the gingival tissues that does not involve the periodontal ligament fibers, cementum, or bone
  - Coronal migration of the gingival margin (gingival enlargement)
  - Subtle color change from darker pink to purplish red
  - No loss of connective tissue attachment
  - No alveolar or supporting bone loss
- AAP Stage I
  - Initial/mild periodontitis
  - Progression of inflammation into deeper periodontal structures
  - Slight bone loss and connective tissue attachment loss (1-2 mm of loss)
  - Subgingival calculus
  - Measurable pocket depths with bleeding on probing
- AAP Stage II
  - Moderate periodontitis
  - Increased destruction of periodontal structures (3-4 mm of loss)
  - Subgingival calculus
  - Increased probing depths with bleeding on probing
  - Noticeable loss of interdental bony support with early to moderate furcation invasions
  - Mobility and fremitus
- AAP Stage III
  - Severe periodontitis
  - Further progression of periodontal inflammation with increased probing depths with bleeding on probing
  - Subgingival calculus
  - Major loss of bony support (≥ 5 mm of loss)
  - Furcation invasions
  - Possible evidence of trauma from occlusion with increased tooth mobility and fremitus
- AAP Stage IV
  - Advanced periodontitis
  - Further progression of periodontal inflammation with increased probing depths with bleeding on probing
  - Subgingival calculus
  - Major loss of bony support (≥ 5 mm of loss)
  - Furcation invasions
  - Possible evidence of trauma from occlusion with increased tooth mobility and fremitus
  - Need for complex rehabilitation due to masticatory dysfunction, secondary occlusal trauma, severe ridge defects, bite collapse, drifting, flaring, < 20 remaining teeth (10 opposing pairs)

Planning of appropriate instructions for effective daily biofilm control

- Patient biofilm score assessed (Plaque score with disclosing)
- Role of biofilm explained to patient
- Demonstration for effective removal of biofilm provided; Toothbrushing, Interdental needs, dentifrice/medicament considerations

Effective communication skills
- Student discusses assessment findings with patient
- Student explains services/procedures provided to patient

Correct patient and operator positioning, grasp and fulcrum of instruments
- Neutral posture (neck, shoulders, back, arms, wrists)
- Operator positioning facilitates visibility and access to area of the mouth being scaled, including patient head rest position

Calculus detection completed correctly
- Student charts areas of calculus detected identifying as clickable, or visible (rough areas can be discussed with instructor for clarification but not necessary to chart)

Correct instrumentation technique
- Instrument selection: including if mechanical scaler is appropriate
- Utilization of sharp instruments
- Correct end of the instrument
- Correct adaptation, angulation, and activation
- Correct use of fulcrum techniques

Professional Judgement
- Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.

Biofilm Removal
- Manual polishing
  - Speed
  - Pressure
  - Fulcrum
- Airflow
  - Appropriate patient selection for use of Airflow
  - Pre-procedural rinse
  - Maintains correct angulation

Patient Assessment Form

PATIENT ASSESSMENT

Date _____ **Student** _____ **Instructor** _____

Extra and Intraoral Examination

Facial abnormalities_____

Nodes/Glands_____

TMJ _____

Lips _____

Mucosa _____

Palate _____

Pharynx _____

Tongue_____

Floor of mouth _____

Other findings/comments:

Gingival Assessment

Color: salmon pink red pigmented bluish-red Pale white

Countour: knife-edge rounded/rolled cleft

Interdental papillae: pointed bulbous blunted absent cratered

Consistency: firm/resilient edematous fibrotic Retractable

Texture: stippled smooth/shiny over-stippled

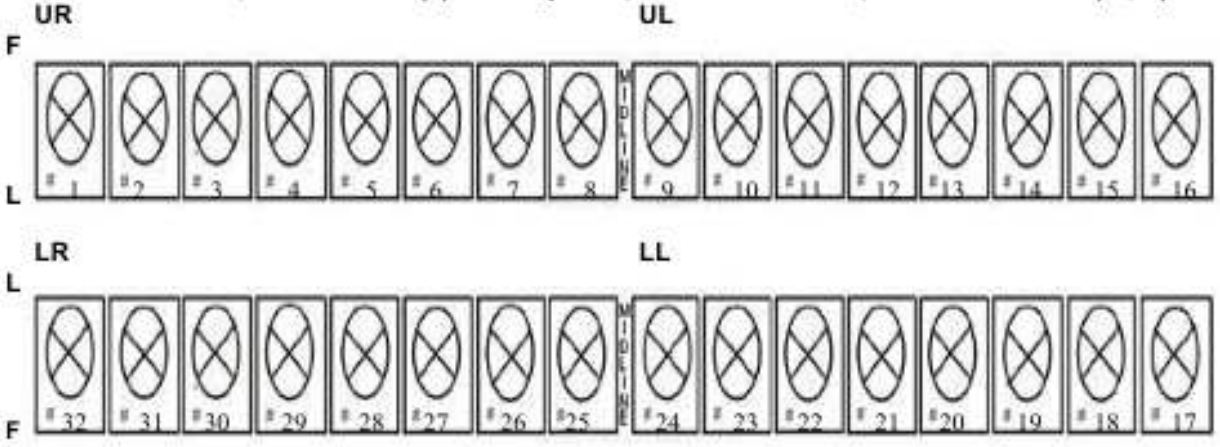
Calculus Difficulty **A B C D**

2018 AAP Classification _____

Localized / Generalized Disease

Quad Scale recommended **Yes / No**
Sextant Scale recommended **Yes / No**

Calculus Detection; Color surface(s) with deposits; Indicate as Visible, Clickable or both (V, C)



Total Qualifying Calculus	Total Remaining Calculus	Percentage of Remaining Calculus
_____	_____	_____

Tooth Number	Facial Surface	Mesial Surface	Lingual Surface	Distal Surface	Total Surfaces
3					4
9					4
12					4
19					4
25					4
28					4
Total of each column					24

Plaque Index Score:_____

Criteria:
0 = No plaque
1 = Light plaque (can only be seen with disclosing solution)
2 = Moderate plaque (can be seen with the naked eye and removed with explorer or probe)
3 = Abundance of plaque

Rating	Scores
Excellent	0
Good	0.1-0.9
Fair	1.0-1.9
Poor	2.0-3.0

2018 AAP Classification of Periodontal and Peri-Implant Diseases and Conditions

- Periodontal Health, Gingival Diseases and Conditions
  - Periodontal Health
  - Gingivitis: Dental Biofilm-Induced
    Reason:_____
  - Gingival Diseases: Non-Dental Biofilm-Induced
    Reason:_____

- Periodontitis
  - Stage I — Interdental CAL _____ RBL _____ Tooth Loss _____
  - Stage II
  - Stage III — Localized / Generalized
  - Stage IV

  - Grade A: Slow Progression
  - Grade B: Moderate Progression
  - Grade C: Rapid Progression

    Grade Modifiers: Non-smoker / Smoker Diabetes Y/ N Last HbA1c_____ Date_____

  - Necrotizing
  - Periodontitis as a Manifestation of Systemic Disease

- Periodontal Manifestations of Systemic Diseases and Developmental and Acquired Conditions
  - Systemic diseases
  - Periodontal Abscesses and Endodontic Lesions
  - Mucogingival deformities
  - Occlusal Trauma
  - Tooth Prosthesis related factors

- Peri-Implant Diseases and Conditions
  - Peri-Implant Health
  - Perio-implant Mucositis
  - Perio-Implantitis
  - Peri-implant soft and hard tissue deficiencies

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Radiographic Imaging - Direct Digital

Objective: Utilizing proper supplies and techniques, and the ALARA (As Low As Reasonable Achievable) Principal, the student will demonstrate competency in radiographic imaging.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
In consultation with the dentist, select the appropriate image based on the "Guidelines for Prescribing Dental Radiographs."		
Provide patient education regarding the patient's need for imaging.		
Expose the prescribed image utilizing proper equipment and holders to limit radiation to the patient.		
Maintain asepsis		
Document all images exposed, including re-takes, in the patient's record.		
Images meet prescribed criteria.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria: **FMX and BW (including vertical)**

Clinic I/Summer No more than 4 missing apices and no more than 4 additional errors total*

Clinic II No more than 2 missing apices and no more than 2 additional errors total*

Clinic III No missing apices and no more than 1 error*

*General Errors must not affect diagnostic quality and include; Horizontal error, Vertical error, Sensor Placement, and Cone cut

(Students are allowed 6 retakes on an FMX and 2 retakes on BWs)

Task Components Details

Compare images to the handout "Criteria for Dental Radiographs."

- Compare each image to the criteria in the handout and complete the critique sheet. Images must meet prescribed criteria.
- If an error occurs, on the critique sheet the student must indicate how to correct that error.

Discuss with patient the rationale for completing the radiographic imaging

Utilizing knowledge from the ADA"s "Guidelines for Prescribing Dental Radiographs."
See UAMS Dental Hygiene Radiation Safety Manual

Correctly place positioning device such as the RINN XCP when exposing intraoral images.

- Positioning devices must be put together so that the biteblock is centered in the ring.
- Barrier sleeves are utilized.
- The PID is centered on the image receptor.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Panoramic Imaging

Objective: Utilizing proper supplies and techniques, and the ALARA (As Low As Reasonable Achievable) Principal, the student will demonstrate competency in panoramic imaging.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
In consultation with the dentist, select the appropriate image based on the "Guidelines for Prescribing Dental Radiographs."		
Provide patient education regarding the patient's need for a panoramic image.		
Complete the prescribed image utilizing proper patient alignment to capture a diagnostic image.		
Maintain asepsis		
Document all images taken, including re-takes, in the patient's record.		
Images meet prescribed criteria.		
Anatomical landmarks are correctly identified.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

Competencies require all panoral images must be diagnostic. Errors affecting diagnostic quality include patient positioning, dark air space over the maxillary apices, and artifacts.

Task Components Details

Discuss with patient the rationale for completing the radiographic images

- Utilizing knowledge from the ADA's "Guidelines for Prescribing Dental Radiographs." See UAMS Dental Hygiene Radiation Safety Manual.

Correctly place patient into the panoramic so that a diagnostic image is achieved.

- Barrier sleeves are utilized over the bite stick.
- Patient removes all metal in head and neck area.
- Walk the patient into the unit.
- Have the patient hold the handles and step forward.
- Have patient bite on the groove in the covered bite stick.
- Adjust the carriage to where the zygomatic arch appears to be horizontal.
- Activate the positioning lights.
- Check the Frankfort Plane and adjust as necessary by raising or lowering the carriage.
- Align the focal trough light between the lateral and canine by adjusting the dial by the bite stick.
- Ensure the mid-sagittal light runs as central to the head as possible.
- Capture the image and check for diagnostic quality.
- Escort the patient back to your unit.

Competency Criteria: Anatomical landmarks are correctly identified.

- Identify a minimum of 10 landmarks that can be observed in the panoramic image.

Clinic I/Summer **Correct identification of at least 70% of landmarks is required.**

Clinic II **Correct identification of at least 80% of landmarks is required.**

Clinic III **Correct identification of at least 90% of landmarks is required.**

***General Errors must not affect diagnostic quality and include;** Processing, Patient positioning, Ghost artifacts (jewelry), airspaces

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Medical/Dental History

Objective: The student will obtain and document all information regarding the patient's medical and dental history.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Verify and document completeness and accuracy of information with patient		
Question the patient concerning responses that might influence patient care, and document		
Correctly measure and document vital signs		
Use appropriate reference to review medications and document side effects, contraindications, and treatment alterations		
Identify the need for precautions related to patient treatment		
Verify and document dental history and patient's chief complaint		
Confirm patient understanding of HIPPA regulations and obtain informed consent		
Consult with DDS to evaluate findings and plan appropriate treatment		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Criteria

Clinic I
Medical history performed verbally (patient must present with at least 1 condition and 2 medications).

Clinic II & III
Medical history is a written report (patient must present with at least 2 conditions and 3 medications. See written medical history competency form).

Task Components Details

The Medical/Dental History competency must be completed to accuracy to show competence in the student's ability to obtain and review a medical history. Patient must have at least one condition and two medications (Clinic I). Patient must have two conditions and three medications (Clinic II & III).

Verify and document completeness and accuracy of information with patient

- Make sure patient understood all questions and answered all questions completely and accurately

Question patient concerning responses that might influence patient care, and document

- Allergies, systemic conditions, etc.

Look up drugs on Lexicomp for dental considerations and describe the following:

- Pharmacologic Category
- Labeled or off-label use
- Adverse reactions
- Food or drug interactions
- Pharmacodynamics/Kinetics (Mechanism of action)
- Dental Information

Identify the need for precautions related to patient treatment

- Prophylactic antibiotics, management of potential emergency situations, etc.

Communicate findings with dentist or dental hygiene instructor

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis

- Perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Intraoral and Extraoral Examination

Objective: The student will correctly perform an intraoral and extraoral examination.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Observe patient's gait and posture and observe the five facial zones		
Explain to the patient the rationale for the exam and what to expect during the exam		
Correctly palpate and visually examine the extraoral hard and soft tissues of the head and neck		
Correctly palpate and visually examine the intraoral tissues		
Correctly document findings of the exam		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

The rationale for the exam

- Effectively communicate to the patient the purpose of the exam in terms they can understand and describe to the patient how you will perform the exam

Observe patient's gait and posture and examine the 5 facial zones

- Forehead, eyes, cheeks and nose, lips and chin, neck
- Looking for asymmetry, lesions, discolorations, masses, etc.
- Completely document findings

Correctly palpate and visually examine the extraoral hard and soft tissues of the head and neck

- To include palpation of lymph nodes and evaluation of the thyroid gland, parotid gland, and TMJ

Correctly palpate and visually examine the intraoral tissues

- To include visual examination of the oral mucosa, gingiva, tongue, and oropharynx; and palpation of labial and buccal mucosa, floor of the mouth, gingiva, hard palate, and tongue

Documentation

- Correctly document your findings for the patient record and explain to your patient what your findings mean

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis

- Perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Periodontal Assessment

Objective: The student will perform a comprehensive periodontal assessment and correctly determine the patient's AAP classification.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Evaluate and document the gingival topography		
Accurately measure and document the periodontal pocket or sulcus depth on all teeth within 1mm of accuracy		
Recognize and document the presence of all periodontal conditions		
Correctly determine the patient's AAP Periodontal classification		
Determine the extent and location of biofilm, extrinsic stain, and calculus and correctly determine patient difficulty (A, B, C, or D)		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

CLINIC I AND SUMMER CLINIC
No more than 3 errors

CLINIC II
No more than 2 errors on a qualified patient; At least one has to be Stage II Periodontitis

CLINIC III
No more than 1 error on a qualified patient; At least one has to be Stage III Periodontitis

Task Components Details

Evaluate and document the gingival topography
- Color, size, shape, texture, consistency

Accurately measure and document the periodontal pocket or sulcus depth on all teeth within 1 mm of accuracy
- Six measurements per tooth

Recognize and document the presence of periodontal conditions
The following would be classified as errors:
- Gingival recession, mobility, furcation involvement, mucogingival involvement, BOP, exudate, etc.

Correctly determine the patient's AAP Periodontal classification
- Stage, grade, gingival disease condition, localized or generalized, teeth used to determine the AAP classification, radiographic bone loss, and progression rate.

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Dental Charting

Objective: The student will demonstrate complete and accurate documentation of the dentition.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correctly identify and document present and missing teeth		
Correctly identify and document existing restorations		
Correctly identify and document fixed and removable prostheses		
Correctly identify and document pathology		
Classify and document occlusion according to Angle's classification		
Measure and document overbite and overjet		
Utilize radiographic images		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

CLINIC I AND SUMMER CLINIC
No more than 2 errors

CLINIC II
No more than 1 error

CLINIC III
No errors

Task Components Details

The Dental Charting competency must be completed on a new patient or a patient due for their yearly radiographic images with at least eight chartable items to be determined by the supervising dentist.

Utilize radiographic images
- Consult images when completing the dental chart
- Radiographic images must be readily visible when instructor examines patient

Classify and document occlusion according to Angle's classification
- Document on Note History in Eaglesoft

Measure and document overbite and overjet
- Document on Note History in Eaglesoft; if no overbite or overjet, document "None"

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Oral Hygiene Instructions

Objective: The student will evaluate the patient's oral health status and deliver appropriate patient education.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Evaluate patient's current oral health status and oral hygiene needs following periodontal evaluation and a plaque index		
Use disclosing solution and hand mirror, with patient seated upright.		
Describe the role of biofilm and calculus in the development of oral disease (gingivitis/ periodontitis) relative to the patient's condition		
Describe the role of periodontitis with systemic health		
Select the appropriate toothbrush		
Select the appropriate brushing technique		
Select the appropriate toothpaste		
Select the appropriate interproximal aid based on patient's dexterity, restorations, and embrasure classifications		
Select the appropriate rinse if a rinse is indicated		
Use effective communication skills and allow patient to ask questions		
Demonstrate proper techniques (interproximal aid/brushing/tongue brushing) following the patient's demonstration		
Utilize personalized OHI Oral Hygiene Form		
Incorporate nutritional counseling if indicated		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.
Criteria:

Clinic I & Summer Clinic
Oral hygiene instructions on a patient that is in gingival health

Clinic II
Oral hygiene instructions AAP: Stage I, II, or III with a minimum of a Grade A

Clinic III
Oral hygiene instructions AAP: Stage II or Stage III (one Grade B and one Grade C)

Task Components

Use disclosing solution and hand mirror, with patient seated upright
- Have patient hold hand mirror so that the patient can see the disclosing solution.

Describe the role of biofilm and calculus in the development of oral disease relative to the patient's condition
- Biofilm is what patients may know as plaque. Bacteria is found in biofilm. Biofilm forms within a few hours of removing biofilm through brushing and cleaning in between teeth. It is important to remove biofilm due to the bacteria at least twice a day (morning and night) to prevent decay (cavities), gingivitis, and periodontitis. Gingivitis is inflammation of the gums. If left untreated, gingivitis can lead to periodontitis, which includes loss of the bone that support the teeth. Minerals in saliva can lead to calculus (known as tartar), which harbors biofilm (including the bacteria).

Describe the role of periodontitis with systemic health
- Periodontal diseases can increase the risk of several systemic diseases such as cardiovascular disease, oral and colorectal cancer, gastrointestinal diseases, respiratory tract infection and pneumonia, adverse pregnancy outcomes, diabetes and insulin resistance, and Alzheimer's disease

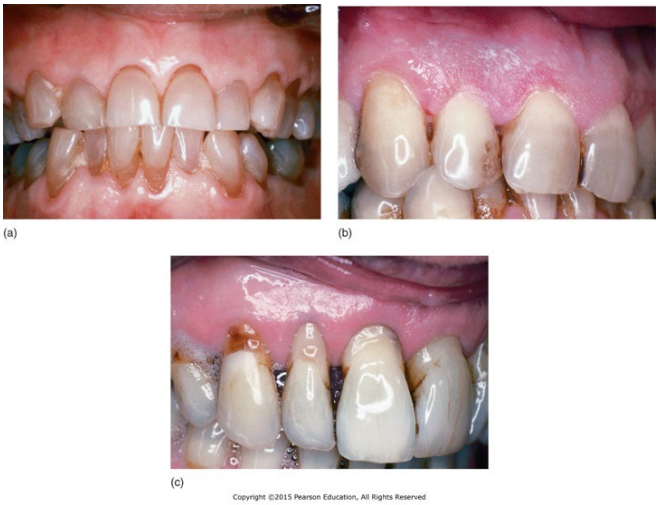
Select the appropriate toothbrush
- Manual vs powered toothbrush. Manual brush (soft bristles)

Select the appropriate brushing technique
- Brush a minimum of two minutes
- Modified Bass — is used by patients who suffer limited gum recession or dexterity. The brush has to be put in 45 degrees at the front surface of the teeth while the bristles are projected in the pockets which surround the tooth. (Short vibratory strokes) **Most common
- Stillman — incorporates a press-and-roll with the toothbrush bristles placed initially on the gums. This method is considered a gingival-stimulating massage, in addition to offering the benefit of cervical plaque removal
- Charters — is used mostly used in presence of any appliance (Ortho) in oral cavity position the bristles towards the crown of the teeth the sides of the bristles are placed at gingival margin 45 degree to the long axis of the tooth short back and forth motions are given directly.
- Fones — used most commonly with children; circular brushing technique
- Electric toothbrush: place bristles at a 45 degree angle and let the brush do the work; 30 seconds in each quad (including the occlusal surfaces), then brush tongue.

Select the appropriate toothpaste
- Fluoridated; sensitivity (Sensodyne; Colgate Sensitive; Crest Gum Sensitivity), tartar control (Colgate Tartar Protection; Crest Tartar Protection), gingivitis (Crest Gum Detoxify; Crest Pro Health; Colgate Total), no Sodium Lauryl Sulfate (Pronamel; Toms of Maine), etc.

Select the appropriate interproximal aid based on patient's dexterity, restorations, and embrasure classifications

- Dexterity issues: water flosser recommended
- Restorations: bridges (superfloss/floss threader); implants (interdental brush without metal)
- Embrasure spaces: (a) Type I: embrasure space is completely filled with interdental gingiva (floss); (b)Type II: partial loss of interdental gingiva (water flosser, interdental brush); (c) Type III: has complete loss of interdental gingiva (water flosser, interdental brush)



Select the appropriate rinse if a rinse is indicated

- Xerostomia: Biotene; Bleeding: ex. Crest Pro Health

Incorporate nutritional counseling if indicated

- Decrease frequency of simple sugars; decrease sugary drinks/foods; decrease drinks/foods high in acid

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care

Maintain asepsis

- Utilize infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Manual Biofilm Removal Technique (Coronal Polishing) Competency

Objective: Using aseptic technique, the student will employ appropriate methods to remove biofilm without traumatizing the tissue. Student must disclose prior to biofilm removal.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Document patient's biofilm index score		
Select appropriate type and amount of polishing agent		
Maintain fulcrum		
Maintain handpiece speed		
Maintain appropriate pressure with prophy angle		
Maintain appropriate adaptation of prophy angle		
Appropriate use of floss, floss threaders, and other interproximal aids as needed for the removal of biofilm on proximal surfaces		
Biofilm effectively removed without traumatizing tissue		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

CLINIC I AND SUMMER CLINIC
No more than 3 areas of remaining biofilm

CLINIC II
No more than 2 areas of remaining biofilm

CLINIC III
No more than 1 area of remaining biofilm

Task Components Details

Document patient's biofilm index score
- Utilize the "Plaque Index" scoring method.

Select appropriate type and amount of polishing agent
- Fine pumice, medium pumice, course pumice, tin oxide or sensitivity polish depending on the patient's needs

Proper use of the instrument
- Maintain the proper mechanical use including fulcrum, grasp, adaptation of the instrument and motor speed

Removal of biofilm
- Effectively remove the biofilm from all tooth surfaces without traumatizing tissues

Professional Judgement
- Utilize the dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis
- Perform biofilm removal techniques using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Manual Instrument Sharpening

Objective: The student will demonstrate correct technique when sharpening a Gracey curet, universal curet, and sickle scaler, to restore blade sharpness while maintaining the original design of the instrument.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adequate illumination of the work area and correct PPE		
Correct grasp and positioning of the instrument and stone.		
Demonstrate and maintain the proper relationship of the working-end's cutting edge to the sharpening stone.		
Evaluate cutting edges for sharpness		
Maintain instrument design		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Adequate illumination of the work area

- Utilize overhead light or loupe light

1. Wear mask and loupes for protection from metal particles

Correct grasp and positioning of the instrument and stone; Demonstrate and maintain the proper relationship of the working-end's cutting edge to the sharpening stone.

- Utilize one of the two manual instrument sharpening methods.
  - Moving stone technique
    - Grasp the instrument with the non-dominant hand
    - Stabilize the hand on the edge of a table or bench
    - Have good lighting on the instrument
    - Stone is angled with the face of the instrument at 110° to maintain the internal angle of the blade at 70°-80°
    - Reverse stone to sharpen the opposite cutting edge of a universal curet.
  - Moving instrument technique
    - Stone placed on a flat surface with blade in position at the beginning of the stroke.
    - Maintain proper angulation with a finger rest stabilized on the edge of the stone. 110°
    - Draw instrument along the stone with an even amount of moderate pressure.

Maintain correct angulation between instrument and stone

- Stone is angled with the face of the instrument at 110° to maintain the internal angle of the blade at 70°-80°

Evaluate cutting edges for sharpness

- Utilize test stick

Maintain instrument design

- Original contours and angles of the instrument should be preserved

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Mechanical Instrument Sharpening with Sidekick

Objective: The student will demonstrate correct technique when sharpening a Gracey curet, universal curet, and sickle scaler, to restore blade sharpness while maintaining the original design of the instrument.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adequate illumination of the work area with correct PPE		
Correct grasp and positioning of the instrument and sidekick unit		
Choose the correct insertion area for the type of instrument		
Maintain the cutting edge against the stone and back of the instrument to the backplate		
Evaluate cutting edges for sharpness		
Maintain instrument design		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Adequate illumination of the work area with correct PPE

- Utilize overhead light or loupe light

2. Wear mask and loupes for protection from metal particles

Correct grasp and positioning of the instrument and sidekick unit

- Instrument remains stationary while stone moves

Maintain correct angulation between instrument and stone

- Utilize the correct entry point for the instrument
- The sidekick unit indicates where Gracey's insert
- The sidekick unit indicates where universals and sickle scalers insert

Correct use and technique of Sharpening aid

- Keep the cutting edge adapted to the sharpening stone and the back of the instrument against the backplate

Evaluate cutting edges for sharpness

- Utilize test stick

Maintain instrument design

- Original contours and angles of the instrument should be preserved

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Written Medical/Dental History

Objective: The student will obtain and document all information regarding the patient's medical and dental history.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Verify and document completeness and accuracy of information with patient		
Question patient concerning responses that might influence patient care, and document		
Correctly measure and document vital signs		
Use appropriate reference to review medications and document side effects, contraindications, and treatment alterations		
List each type of drug the patient is taking.		
Describe the drugs' mechanism of action		
List the reason the patient is taking each drug.		
List any dental contraindications or side effects.		

Task Components Details

- The Medical/Dental History competency must be completed on a patient taking three or more prescription medications for two or more disease manifestations.

Verify and document completeness and accuracy of information with patient

- Make sure patient understood all questions and answered all questions completely and accurately

Question patient concerning responses that might influence patient care, and document

- Allergies, systemic conditions, etc.

Medical History Report

Patient ID:
Vitals:

1. Drug Name:

   Type of Drug:

   Mechanism of Action:

   Reason for taking med:

   Contraindications:

   Side effects concerning dental care:

2. Drug Name:

   Type of Drug:

   Mechanism of Action:

   Reason for taking med:

   Contraindications:

   Side effects concerning dental care:

3. Drug Name:

   Type of Drug:

   Mechanism of Action:

   Reason for taking med:

   Contraindications:

   Side effects concerning dental care:

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Dental Hygiene Treatment Plan

Objective: The student will use assessment data to formulate a dental hygiene diagnosis and develop a comprehensive dental hygiene care plan.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Analyze and interpret assessment data to formulate a dental hygiene diagnosis		
Correctly document recommended treatment in the treatment plan		
Correctly identify priorities and sequence of treatment		
Use effective communication skills to present the treatment plan to the patient		
Identify and document appropriate referrals as necessary		
Obtain and document informed consent or informed refusal on the treatment plan.		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

The Treatment Plan competency must be completed on a quad scale patient.

Analyze and interpret assessment data to formulate a dental hygiene diagnosis

- Utilize all assessment data to determine a dental hygiene diagnosis (current oral health status and periodontal classification)

Correctly document recommended treatment on dental software and in patient notes.

- Develop an individualized dental hygiene care plan based on the patient's oral health needs
- Accurate and complete documentation of all recommended treatment, including cost

Correctly identify priorities and sequence of treatment

- Consider pathology, patient comfort, patient's interest in and ability to participate in reaching oral health goals, and all factors contributing to the patient's current oral health status

Use effective communication skills to present the treatment plan to the patient

- Rationale for recommended treatment, expected outcomes
- Use visual aids, with patient seated upright
- Interact professionally
- Avoid terminology patient does not understand

Obtain and document informed consent or informed refusal

- Allow patient to ask questions and be prepared to answer
- Make every effort to ensure patient understands the recommended treatment, rationale, number of appointments, cost, and expected outcomes of treatment

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Mechanical Scaler (Cavitron or Piezo)

Objective: The student will demonstrate correct use of the selected ultrasonic scaler.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Identify precautions to be considered when using an ultrasonic scaler		
Inform the patient of what to expect during use of an ultrasonic scaler		
Adjust power setting to appropriate level		
Correct technique for effective calculus removal		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.
Task Components Details

Correct technique for effective calculus removal

- Piezo – Lateral sides of the tip are active. Power setting no greater than halfway. Water should flow from the tip with a fine mist halo.
- Cavitron – All sides of the tip are active, but the face, back and tip are the most effective. Power setting no greater than halfway. Water should flow from the tip with a fine mist halo.

Professional Judgement

- Utilize the dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis

- Perform biofilm removal techniques using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Arestin Administration

Objective: The student will correctly perform the administration of the locally delivered anti-microbial agent Arestin.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Perform preoperative patient assessment and obtain consent		
Discuss the indications and contraindications of the use of Arestin		
Identify and locate the armamentarium used to administer Arestin		
Correctly administer Arestin		
Correctly convey post-operative instructions to the patient		
Document Arestin quantity and sites of delivery in treatment notes		
Professional judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Task Components Details

Perform preoperative patient assessment and obtain consent
- Discuss patient's medical history
- Perform comprehensive periodontal exam
- Explain potential outcomes
- Address treating potential concerns

Discuss the indications and contraindications of the use of Arestin
- Effectively communicate to the instructor the following indications of use.
- Pocket greater than 5mm
- Bleeding must be present

Effectively communicate to the instructor the following contraindications of use.
Patients with allergies to minocycline or tetracycline
Pregnancy or nursing
Use with caution with patients that have oral candidiasis

Identify and locate the armamentarium used to administer Arestin
Sterile Arestin handle (syringe)
Arestin microsphere cartridges
Dental mouth mirror
Post-operative paperwork/pamphlet

Correctly administer Arestin
Place the cartridge tip into the periodontal pocket parallel to the long axis of the tooth
Ensure you are at the base of the pocket
Gently press the thumb ring to express the Arestin powder while drawing the cartridge tip away from the base of the pocket
Once delivery is completed, draw back on the thumb ring to remove the cartridge from the handle
Replace cartridges as needed for sites

Document Arestin quantity and sites of delivery in treatment notes
Note the number of sites where Arestin was delivered
Note the exact area of the tooth where Arestin was delivered

Professional Judgement
Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis
Perform the examination using infection control protocol to avoid cross contamination

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Tobacco Cessation

Objective: The student will evaluate the patient's oral health status and deliver appropriate patient education for tobacco cessation and homecare instructions for patient that smokes or vapes.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Evaluate patient's current oral health status and oral hygiene needs		
Use the clinical application of the 5 A's Ask Advise Assess Assist Arrange		
Plan appropriate oral care instructions for either general oral care or specialized oral care as required per patient experience.		
Describe the role of oral complications resulting from tobacco products related to periodontal diseases		
Provide appropriate instructions for tobacco cessation programs available to the patient such as government programs, FDA-approved medications and counseling through a quit line		
Use effective communication skills, sitting the patient upright, and allow patient to ask questions		
Professional Judgement		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

Clinic II
All task components completed with 90% accuracy

Clinic III
All task components completed with 100% accuracy

Effective Communication

- Utilize motivational interviewing skills.
- Be able to explain the complex information in layman's terms for your patient's understanding utilizing the information that is specific to their individual needs according to the dental hygiene process of care and the effect of tobacco products on the patient's oral health (periodontitis) and overall health including oral cancer and respiratory disorders.
- Utilize the Be Healthy Arkansas forms if patient is interested in a program.

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the Code of Ethics for the American Dental Hygiene Association.

Maintain asepsis

- Avoid cross contamination of products utilized during chairside presentation of information on tobacco cessation

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Intraoral Photos

Objective: The student will correctly perform and save intraoral photos (IOP) necessary for case presentation.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Obtain photo consent*		
Correctly utilize cheek retractors and intraoral mouth mirror for visualization		
Correctly capture image shots for: Anterior smile Right buccal in occlusion Left buccal in occlusion Maxillary occlusal Mandibular occlusal		
Correctly acquire and save the images in Eaglesoft		
Correctly document IOP taken in note history		
Professional judgement		
Maintain asepsis		

*Only necessary if sending case off for potential board exam questions. Not necessary for OHI and diagnostic clinical purposes.

Task Components Details

Obtain photo consent

- Effectively communicate to the patient the purpose of the photos and describe to the patient how you will perform the task.
- Obtain written photo consent form for those cases that will be used for potential board questions or periodontal case studies.

Correctly utilize cheek retractors and intraoral mouth mirror for visualization

- Correct size cheek retractors

- Correct side mouth mirror
- Insertion of cheek retractors is gentle
- Labial and buccal regions pulled taut to ensure adequate visualization
- Warm the mouth mirror to prevent fogging

Correctly capture image shots for:

- Anterior smile
- Right buccal in occlusion
- Left buccal in occlusion
- Maxillary occlusal
- Mandibular occlusal

Correctly acquire and save the images in Eaglesoft

- Acquire and save all photos in the patient chart where radiographs are saved.

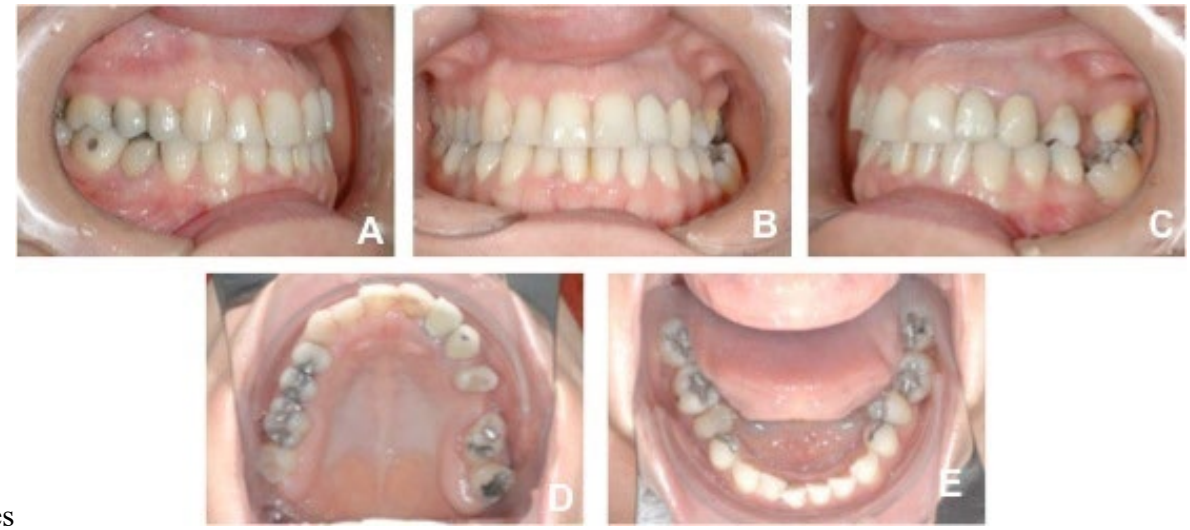
Correctly document IOP taken in note history

Professional Judgement

- Utilize the Dental hygiene process of care to include proper assessment techniques, dental hygiene diagnosis, appropriate treatment planning, implementation of services, evaluation and documentation along with ethical applications to patient care according to the ADHA Code of Ethics

Maintain asepsis

- Perform the examination using infection control protocol to avoid cross contamination



Example Images
Competency Criteria
PRE-CLINIC, CLINIC I, AND SUMMER CLINIC
No more than 3 errors

CLINIC II
No more than 2 errors

CLINIC III
No more than 1 error

General errors may include, but are not limited to: Incomplete capture of teeth in the photo that are present in the mouth, or poor image quality (foggy/blurry)

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Periodontal Assessment on Manikin

Objective: The student will demonstrate competence in periodontal probing on manikin dentition by accurately measuring and documenting probing depths on the lower arch of a typodont/manikin. This competency is designed to increase comfort with the typodont format used for clinical board preparation while reinforcing the same probing principles expected on live patients.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate visualization of the lower arch		
Demonstrates and maintains correct modified pen grasp and stable intraoral fulcrum		
Correctly adapts the periodontal probe and uses controlled walking strokes		
Accurately measures the documents six probing depths per tooth on the lower arch		
Maintains asepsis and treats the competency as if probing during patient care		

Any task component that is marked as "NO" will result in not passing the desired competency, even if the probing score is 75% or greater.

Task Components Details

Correct patient and operator positioning

- Neutral operator positioning (neck, shoulders, back, arms, wrists, lower body)
- Correct manikin positioning for treatment area. Students may not remove the arch from the typodont stand or flip the shroud in any unnatural positions.
- The manikin arch must stay attached to the Adec chair unit during probing.

Correct Light Positioning

- Position the light to provide direct or indirect visualization of the tooth surface being probed.
- Adjust the light as needed while maintaining patient/manikin safety and appropriate ergonomics.

Demonstrates correct modified pen grasp, fulcrum, and probe adaptation

- Use the periodontal probe as if treating a live patient.
- Maintain a correct modified pen grasp with a stable intraoral fulcrum.
- Use light, controlled pressure and keep the probe adapted to the tooth surface.
- Walk the probe in small increments and angle appropriately in interproximal areas.

Accurate probing documentation

- Record six measurements for each lower arch tooth: MB, B, DB, ML, L, and DL.
- Measurements are counted correctly if they are within +/- 1 mm of the instructor key.
- Blank measurements or measurements entered in the wrong site will be counted as incorrect.

Maintain asepsis

- Perform the competency using infection control protocol consistent with live patient care.
- Maintain clean field, proper PPE, and appropriate instrument handling.

Criteria

Students will complete periodontal probing on the lower arch only: teeth #17-32.
Each tooth will have size documented measurements: MB, B, DB, ML, L, and DL.
Measurements must be within +/- 1 mm of the instructor key to be counted as correct.
Passing score: at least 75% accuracy.
There are 96 total measurements for the lower arch. A passing score requires at least 72 correct measurements.

Scoring Summary

Total possible measurements	**96**
Number correct within +/- 1 mm	_____
Accuracy percentage	_____ %
Minimum required to pass	75% / 72 of 96 correct
Competency result	PASS / NOT PASS

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Calculus Detection on Manikin

Objective: The student will demonstrate competence in detecting calculus on manikin dentition.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning		
Correct positioning of the light for adequate visualization of the tooth surface being explored		
Demonstrates and maintains correct modified pen grasp.		
Explores all surfaces of the manikin dentition and documents.		
Maintains asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Criteria

Clinic II
Calculus detection findings must be at 80% or greater accuracy according to the corresponding key.

Clinic III
Calculus detection findings must be at 90% or greater accuracy according to the corresponding key.

Task Components Details

Correct patient and operator positioning
- Neutral operator positioning (neck, shoulders, back, arms, wrists, lower body)
- Correct manikin positioning for treatment area. Student may not remove the arch from the typodont stand or flip the shroud in any unnatural positions.
- The manikin arch must stay attached to the Adec chair unit during exploration.

Demonstrates correct modified pen grasp
- Explorer must be used as if this were a live patient; No split grasp, thumb and index in "C" shape, middle finger resting on shank

Explores all surfaces of the manikin dentition and documents deposits
- Each arch must be explored
- Facial, lingual, mesial and distal surfaces will be explored
- Student will document findings of detected deposits on provided grid chart for each surface
- An answer of either "yes" or "no" must be circled determining whether a deposit is detectable

Maintain asepsis
- Properly perform the examination using infection control protocol like that of a live patient.

Detection Grid

Tooth #	Facial/Buccal	Lingual	Mesial	Distal
1	Y N	Y N	Y N	Y N
2	Y N	Y N	Y N	Y N
3	Y N	Y N	Y N	Y N
4	Y N	Y N	Y N	Y N
5	Y N	Y N	Y N	Y N
6	Y N	Y N	Y N	Y N
7	Y N	Y N	Y N	Y N
8	Y N	Y N	Y N	Y N
9	Y N	Y N	Y N	Y N
10	Y N	Y N	Y N	Y N
11	Y N	Y N	Y N	Y N
12	Y N	Y N	Y N	Y N
13	Y N	Y N	Y N	Y N
14	Y N	Y N	Y N	Y N
15	Y N	Y N	Y N	Y N
16	Y N	Y N	Y N	Y N
17	Y N	Y N	Y N	Y N
18	Y N	Y N	Y N	Y N
19	Y N	Y N	Y N	Y N
20	Y N	Y N	Y N	Y N
21	Y N	Y N	Y N	Y N
22	Y N	Y N	Y N	Y N
23	Y N	Y N	Y N	Y N
24	Y N	Y N	Y N	Y N
25	Y N	Y N	Y N	Y N
26	Y N	Y N	Y N	Y N
27	Y N	Y N	Y N	Y N
28	Y N	Y N	Y N	Y N
29	Y N	Y N	Y N	Y N
30	Y N	Y N	Y N	Y N
31	Y N	Y N	Y N	Y N
32	Y N	Y N	Y N	Y N

Student: _____ Date: _____

Instructor: _____

PROCESS COMPETENCY EVALUATION

Quadrant Scaling (C and D Patients)

Objective: Using aseptic technique, the student will employ proper instrumentation to remove existing calculus and stain without traumatizing the tissue.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Correct patient and operator positioning, grasp, and fulcrum		
Calculus detection completed correctly		
Correct instrumentation technique		
Effective removal of calculus and stain without traumatizing the tissue		
Effective removal of biofilm		
Patient Education completed		
Obtain consent for local anesthesia if applicable		
Treatment Plan completed (if not already done so) and explained		
Maintain asepsis		

Any task component that is marked as "NO" will result in not passing the desired competency.

Competency Criteria:

Clinic Course	Patient Difficulty	Calculus Detection	Calculus/Stain Removal
Summer Clinic	C or D	No more than 50% areas missed	No more than 6 pieces of calculus or stain remaining
Clinic II	C or D	No more than 30% areas missed	No more than 5 pieces of calculus or stain remaining
Clinic III	C or D	No more than 20% areas missed	No more than 3 pieces of calculus or stain remaining

Calculus Detection Chart:

Total Qualifying Calculus	Total Remaining Calculus	Percentage of Remaining Calculus

Effective removal of biofilm

***Competency Criteria:**

CLINIC I AND SUMMER CLINIC
No more than 3 areas of remaining biofilm

CLINIC II
No more than 2 areas of remaining biofilm

CLINIC III
No more than 1 area of remaining biofilm

Task Components Details

Correct patient and operator positioning, grasp, and fulcrum
- Neutral posture (neck, shoulders, back, arms, wrists)
- Operator positioning facilitates visibility and access to area of the mouth being scaled

Calculus detection completed correctly
- Student charts areas of calculus

Correct instrumentation technique
- Includes use of mechanical and hand scalers
- Instrument selection including appropriateness for use of mechanical scaler
- Utilization of sharp instruments
- Correct end of the instrument

- Correct adaptation, angulation, and activation

Effective biofilm removal

- Effectively remove the biofilm from all tooth surfaces without traumatizing tissues

Local Anesthesia Competencies

Local Anesthesia Competency Evaluation Criteria
Anterior Superior Alveolar Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering an ASA injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucobuccal fold above maxillary canine for 60 seconds with cotton tip applicator		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site • Tissue adequately retracted for increased ease of needle insertion and increased patient comfort		
Needle inserted correctly • Correct insertion site at height of mucobuccal fold above maxillary canine • Correct injection pathway and syringe position • Needle slowly advanced to ¼ length of short needle, or about 5mm • Tissue is kept retracted throughout procedure		
Aspirate		

• When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • ¼ carpule of solution is deposited; re-aspirate if needle moves during procedure		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria
Middle Superior Alveolar Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering an MSA injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucobuccal fold above maxillary canine for 60 seconds with cotton tip applicator		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site • Tissue adequately retracted for increased ease of needle insertion and increased patient comfort		
Needle inserted correctly • Correct insertion site at height of mucobuccal fold above maxillary second premolar • Correct injection pathway and syringe position • Needle slowly advanced to ¼ length of short needle, or about 5mm • Tissue is kept retracted throughout procedure		
Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring		

• Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • ¼ carpule of solution is deposited; re-aspirate if needle moves during procedure		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria
Posterior Superior Alveolar Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a PSA injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucobuccal fold above maxillary canine for 60 seconds with cotton tip applicator		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site • Tissue adequately retracted for increased ease of needle insertion and increased patient comfort		
Needle inserted correctly • Correct insertion site at height of mucobuccal fold above maxillary second molar • Correct injection pathway and syringe position • Needle slowly advanced to ¾ length of short needle, or about 16mm • Tissue is kept retracted throughout procedure		
Aspirate in two planes • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring		

• After one negative aspiration, rotate syringe toward operator slightly and aspirate a second time • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • One carpule of solution deposited; re-aspirate after ½ carpule, or if needle moves during procedure		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Greater Palatine Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a GP injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Palpate posterior palate to locate GP foramen • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic anterior to GP foramen for two minutes		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct application of pressure anesthesia • With a dry cotton tip applicator, apply firm pressure over GP foramen for 30 seconds prior to inserting needle; maintain firm pressure with cotton tip throughout procedure		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Needle inserted correctly • Correct insertion site anterior to GP foramen • Correct injection pathway and syringe position • Needle slowly advanced no more than 5mm		
Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		

Deposit anesthetic solution • Solution deposited at appropriate rate • No more than ¼ carpule		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria
Nasopalatine Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering an NP injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to incisive papilla and adjacent tissue for two minutes		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct application of pressure anesthesia • With a dry cotton tip applicator, apply firm pressure over incisive papilla for 30 seconds prior to inserting needle; maintain firm pressure with cotton tip throughout procedure		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Needle inserted correctly • Correct insertion site adjacent to incisive papilla • Correct injection pathway and syringe position • Needle slowly advanced no more than 5mm		
Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution		

• Solution deposited at appropriate rate • No more than ¼ carpule		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Inferior Alveolar Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering an IA injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucosal tissue over the pterygomandibular space for 60 seconds		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Long needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site		
Needle inserted correctly • Correct insertion site in mucosal tissue over pterygomandibular space (approximately 6-10mm above mandibular occlusal plane) • Correct injection pathway and syringe position (approach insertion site from opposite side of the mouth over the premolars) • Needle slowly advanced to 3/4 length of long needle, or 20-25mm (bone is contacted)		
Aspirate in two planes • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring		

• After one negative aspiration, rotate syringe toward operator slightly and aspirate a second time • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • One carpule of solution deposited; re-aspirate after ½ carpule, or if needle moves during procedure		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Buccal Nerve Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a buccal nerve injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucosal tissue distal and buccal to the most distal molar in the quadrant for 60 seconds		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Long needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site		
Needle inserted correctly • Correct insertion site in mucosal tissue distal and buccal to most distal molar in the quadrant, at the height of the occlusal plane • Correct injection pathway and syringe position (parallel to occlusal plane) • Needle slowly advanced 1 – 4mm, until bone is contacted • Tissue is kept retracted throughout procedure		
Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring		

• Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • No more than 1/4 carpule		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Mental/Incisive Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a mental/incisive injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Palpate mandible to locate mental foramen • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucobuccal fold adjacent to mental foramen for 60 seconds		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight (ask patient to keep eyes closed for vertical approach)		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site • Tissue adequately retracted for increased ease of needle insertion and increased patient comfort		
Needle inserted correctly • Correct insertion site in mucobuccal fold adjacent to mental foramen • Correct injection pathway and syringe position (parallel to long axis of the premolars) • Needle slowly advanced to 1/4 length of short needle, or 5-6mm • Tissue is kept retracted throughout procedure		

Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate • No more than 1/4 carpule		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Local Infiltration Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a local infiltration injection on a student partner to achieve successful soft tissue anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Correct application of topical anesthetic • Gently dry tissue with 2x2 gauze • Apply appropriate amount of topical anesthetic to mucosal tissue over the desired target space for 60 seconds		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access to insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site		
Needle inserted correctly • Correct insertion site in mucosal tissue to deposit anesthetic close to the smaller terminal nerve endings • Needle slowly advanced to 1/4 length of short needle.		
Aspirate • When target site is reached, aspirate with appropriate amount of backward pressure on thumb ring • Harpoon must not dis-engage from stopper • Correctly determine if aspiration is positive or negative		
Deposit anesthetic solution • Solution deposited at appropriate rate		

• Appropriate dosage of anesthetic used to effectively provide pain relief or hemostasis only in area of anesthetic diffusion.		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Periodontal Ligament Injection

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering a periodontal ligament injection on a student partner to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Topical anesthetic • There is no need to use topical anesthesia on the attached gingival surface since the injection is into hard bony tissue.		
Correctly assemble armamentarium • Carpule correctly placed in syringe; harpoon engaged in stopper end of the carpule • Extra short or short needle correctly attached to syringe • Student confirms that harpoon is engaged and anesthetic solution flows through needle • Hemostats open and easily accessible		
Correct patient and operator position • Adequate visibility and access insertion site		
Correct grasp • Index and middle fingers used to grasp finger grip • Thumb not over-inserted through thumb ring • Palm up with long window facing toward operator		
Establish hand rest • Hand must be steady, no shaking • Needle and syringe kept out of patient's line of sight • Stabilize the syringe along the long axis of the root to be anesthetize		
Retract tissue over insertion site • Tissue adequately retracted to allow visibility and access to insertion site • Tissue adequately retracted for increased ease of needle insertion and increased patient comfort		
Needle inserted correctly • Direct the syringe until the depth of the gingival sulcus with bevel of needle on the root surface. Advance the needle apically until resistance is felt. • Applying pressure, push the needle slightly deeper at approximately 1 to 2mm into the cancellous bone of the alveolar process.		

• Target site of the alveolar bone proper of alveolar process of selected tooth or teeth is reached. • Tissue is kept retracted throughout procedure		
Deposit anesthetic solution • Solution deposited at appropriate rate • Deposit approximately 0.2mL of agent or one stopper with standard local anesthesia delivery device. • Blanching of the attached gingival surface will immediately be noted.		
Carefully withdraw needle from tissue • Maintain control of needle; no shaking		
Immediately recap needle • One-handed scoop method, hemostats, or needle recapping sheath		
Maintain asepsis throughout procedure • Uncapped needle must not contact any surface		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement • Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria
Cetacaine Hands-on Application

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering Cetacaine topical anesthesia on a student partner or patient to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Assembly/Setup • Removes small cap from port and attaches delivery syringe, rotates to lock it onto port • Inverts bottle and slowly draws into the syringe an appropriate amount of Cetacaine for area to be treated • If air is drawn into syringe, pushes liquid back into bottle and slowly redraws liquid into syringe • Turns bottle upright and detaches syringe from port, replaces small cap on luer-lock port • Attaches microcapillary tip to syringe • Bends tip to an appropriate angle for improved access		
Application • Informs patient of application procedure and mechanism of action, explaining the difference between non-injectable and injectable anesthesia • Selects treatment area appropriate for duration of action • Inserts microcapillary tip subgingivally to depth of pocket; dispenses a small amount of Cetacaine by slowly depressing plunger as tip is walked through pocket • Wait 30 seconds for onset of anesthesia, begins treatment • If additional Cetacaine is needed to complete treatment, changes gloves and draws Cetacaine into a new syringe to avoid cross-contamination of bottle. • Documents dosage of Cetacaine administered in patient record. Remains within maximum dose of 0.4mL as marked on syringe		
Disposal • Discards delivery syringe and microcapillary tip in appropriate manner after use		
Maintain asepsis throughout procedure		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement		

• Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Local Anesthesia Competency Evaluation Criteria

Oraqix Hands-on Application

Objective: Using the criteria listed, the student will correctly demonstrate the procedure for administering Oraqix topical anesthesia on a student partner or patient to achieve successful anesthesia.

TASK COMPONENTS	COMPETENCY DEMONSTRATED	
	YES	NO
Adhere to clinic dress code and PPE • Appropriate PPE (no loupes) • Safety glasses provided for patient • Student attire as outlined in the clinic manual		
Assembly/Setup • Remove blunt-tip applicator and cartridge of Oraqix from the blister pack. • Twist to break the seal of blunt-tip applicator cap and attach it into the tip of the Oraqix dispenser. Twist to lock in place. • With thumb, press the mechanism reset button down toward the back end of the body of the blue application dispenser. • Load the Oraqix cartridge into the body of the dispenser. • Join the tip and the body of the dispenser. Twist and lock in place. • Remove applicator cap. Use the cap to bend the applicator tip. Use a double-bend technique if a bend greater than 45 degrees is desired. • Use a modified pen grasp, begin dispensing Oraqix by pressing down on the paddle.		
Application • Informs patient of application procedure and mechanism of action, explaining the difference between non-injectable and injectable anesthesia • Selects treatment area appropriate for duration of action • Apply Oraqix in two steps: (A) first to the gingival margin around the selected teeth and (B) then after 30 seconds, to the base of the periodontal pockets. Wait 30 seconds to begin procedure.		
Disposal • Discards delivery blunt tip applicator and carpule in appropriate sharps container.		
Maintain asepsis throughout procedure		
Observe patient for possible adverse reactions		
Student verbalizes procedure		
Professional Judgement		

• Student provided services maintaining the Standard of Care and by utilizing the Dental Hygiene Process of Care, applying ethical considerations and demonstrating the professional behavior that a dental hygienist evokes both to patients and instructors.		

Any task component that is marked as "NO" will result in not passing the desired competency.

Treatment Logs

Rotation	Patient ID	Date	Case Type	Category	Treatment	Faculty Initials
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete
☐ UAMS ☐ VA ☐ 12th St ☐ WK ☐ IF ☐ CARTI ☐ OHC			☐ Gingival Health ☐ Gingivitis ☐ Health Red. Peri. ☐ I ☐ II ☐ III ☐ IV Grade: A B C	☐ Pedo ☐ Adolescent ☐ Adult ☐ Geriatric Sys. Disease: Y/N Sp. Needs: Y/N	☐ New Patient ☐ Prophy ☐ PM ☐ SRP ☐ Re-eval ☐ DDS ☐ X-rays Pano/FMX/BWX	________ ☐ Complete ☐ Incomplete

Treatment Log Review Guide

The treatment record is a critically important part of the patient's record. It is legal document of all treatment provided to the patient as well as historical insight into the patient's past treatment.

Patient Information

- Complete and updated patient information (name, address, DOB, phone number in the computer)

Medical History

- Updated with pertinent changes
- Positive responses to questions mark a YES if NO mark it.
- Prophylactic premedication, if needed, document in treatment notes the drug/mg/how many and when the patient took the medication. Medications listed and contraindications/treatment considerations are noted
- Vital signs documented
- Reviewed and signed off by supervising dentist
- Consent form signed at first appointment and scanned and put into smart docs

Dental Chart

- Documentation of all restorations, possible decay and oral conditions

Periodontal Chart

Comprehensive Charting

- pocket depths, recession, bleeding points, gingival line,
- furcation involvement, mobility, fremitus, suppuration, etc.

Radiographic images

- Completed radiographic images are documented
- Type of radiographic images exposed and retakes student to indicate any pathology, to include decay, is documented

Treatment Record

- Documentation of all services provided in treatment notes on the computer
- Medication dispensed (include local anesthesia), prescribed, or refilled
- Case Type
- Gingival condition (amount of plaque and calculus)
- Plaque Index
- Post op instructions
- DDS exam
- Dated and signed by student and instructor
- Recall interval or "NV" – next visit indicated (date noted, if applicable)
- Referrals appropriately documented (with notation of all services provided & items for referral) including the existence of radiographic imaging noted, dated, and signed by student and supervising dentist/hygienist

Self-Assessment and Reflection

Pre-Clinic Self-Assessment Learning Journal

Week ___

My specific learning goals for Monday are:	My specific learning goals for Wednesday are:
*	*
*	*
*	*

Rate your clinical performance by filling in the clinical criteria rubric below:

CLINICAL CRITERIA RUBRIC	Excellent (E)	Acceptable (A)	Improvable (I)	Standard not met (U)
Self-Assessment and Initiative *Student sets 2-3 goals per session and reflects on the goals at the end team meeting*				
ADPIED *Student appropriately follows the process of ADPIED: able to independently troubleshoot to correct errors*				
Professionalism *Demonstrates ethical decision making; Exhibits respect for all instructors/staff/peers/patients.*				

Time Management *Prepares for clinic session ahead of time by reviewing schedule, videos, patient chart and knowing about previous patient treatment; Has all instruments available and ready to go (instruments are sharp and organized for easy access); Completes treatment in a timely manner - timeline for overall treatment is consistent with treatment being performed; Uses clinic time efficiently.*				

Student Reflection on learning goals & overall performance: write at least a one paragraph reflection on your performance (based on rubric above) and describe why/how you met, exceeded, or did not meet your goals. What is your future plan for improvement?

Student Name _____
Clinical Reflection
Case Type/Patient Category:

What procedures did you perform during the appointment? Were you able to complete the treatment plan for this patient?

Which competency did you attempt during the appointment?

Were any modifications necessary during the appointment to accommodate the patient's needs?

What aspects of the appointment went well? Based on your clinical treatment and instructor feedback, identify a clinical strength or a positive experience you had while caring for this patient.

What aspects of the appointment do you think needed improvement? Reflecting on your clinical treatment and instructor feedback, identify any clinical deficiencies you noticed during the care of this patient.

What would you do differently the next time you encountered a similar situation? What would you do the same next time?

How did you build rapport with your patient today? What strategies did you use to ensure effective communication?

What critical thinking skills did you use to make decisions about patient care today?

What new skill or knowledge did you gain from today's appointment that will help you in your future practice?

Peer Observation/Evaluation Form
Observer's Name: _____
Date: _____
Student Being Observed: _____
Patient Case/Type: _____

Purpose: The goal of this peer observation/evaluation form is to provide constructive feedback to your fellow student by critically observing and evaluating their performance during a clinical appointment. This process not only helps the student being observed but also enhances your own learning by engaging in active reflection.

Professionalism:

Appearance and Attire: Was the student's appearance and attire professional and appropriate?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Punctuality: Did the student start and end the appointment on time?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Communication Skills:

Patient Interaction: How effectively did the student communicate with the patient and/or faculty?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Team Collaboration: How well did the student interact and communicate with other team members and/or faculty?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Clinical Skills:

Procedure Execution: How competently did the student perform the procedures?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement

Comments: _____

Infection Control: Did the student adhere to proper infection control protocols?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Time Management: How well did the student manage their time during the appointment?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Patient Care:

Patient Comfort: How effectively did the student ensure the patient's comfort throughout the appointment?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Patient Education: How well did the student educate the patient about their oral health?
☐Excellent
☐Good
☐Satisfactory
☐Needs Improvement
Comments: _____

Reflection and Improvement:
What specific procedures did you observe during today's appointment? Was the treatment plan for the patient successfully completed during this session?

Strengths: Identify one or more strength(s) or positive aspect(s) observed during the appointment.

Areas for Improvement: Identify a challenge during the appointment and a possible area(s) where the student could improve.

Suggestions for Next Time: Provide any suggestions for what the student could do differently or continue doing in future appointments.

How would you rate the experience of peer observation in terms of your own development as a clinician? No value – Some value – Highly valuable
Please explain.

Guided Instruction Remediation and Evaluation Form

Student Name_____Date_____

Six Step Problem Solving Method for Clinical Remediation:

1. Define your problem.
2. Gather relevant information (facts, values, assumptions).
3. Identify the issues (ethical, legal, social).
4. Identify and evaluate the alternatives that address your problem.
5. Describe how you will implement your choice(s).
6. Evaluate the potential outcome of your choice(s) and plan to achieve the desired end.

Problem Identified	Relevant information	Issues identified	Alternatives	Implementation	Outcomes
Patient/ Operator Positioning for area to be instrumented					
Selecting the instrument for the area/ Selecting the correct end of instrument					
Instrument Grasp					

Fulcrum and Finger rests					
Type of Fulcrum for area to be instrumented; Intraoral/Extraoral					
Adaptation					
Instrumentation Strokes and Stroke Production					
Infection Control Procedures					
Ergonomics					
Time Management					

Other					

Any additional comments for the student:

Faculty Signature: _____

Chair/Program Director: _____

Student Signature: _____

UAMS Department of Dental Hygiene
Professional Attributes and Judgment Clinic Form

Factors listed below provide an overview of dimensions considered in evaluating progress in Hygiene Clinic I, Dental Hygiene Summer, Clinic II, and Clinic III. To continue in good standing the student must be competent in all areas. If a student is not competent in any category three times, the student must successfully complete a Remedial Plan to attain competence.

Professional Judgement

Competent Not Competent

- Establishes professional rapport with faculty, staff, colleagues, and patients
- Demonstrates courtesy, tact and consideration for others
- Demonstrates care and concern for patient welfare
- Complies with clinical and departmental guidelines, policies and procedures
- Accepts and applies constructive feedback
- Demonstrates appropriate personal hygiene and professional appearance
- Effective team member
- Employs appropriate ergonomic principles
- Provides informed consent
- Seeks consultations and advice appropriately
- Provides timely care to patients
- Manages referrals appropriately
- Clarifies appointment policies and procedures
- Applies ethical principles of behavior when providing patient care
- Demonstrates appropriate communication for patient care
- Other _____

Process Competencies

- See individual competency forms

Time Management

Competent Not Competent

- Applies problem-solving skills during patient treatment
- Demonstrates appropriate organizational skills
- Prepares for clinical appointments
- Focuses on tasks appropriately
- Uses clinic time effectively
- Maintains appropriate level of activity at each appointment
- Attends clinic and rotations as scheduled
- Determines appropriate daily objectives for patient treatment
- Determines appropriate total treatment plan for patient
- Other _____

Documentation/Records Management

Competent Not Competent

- Keeps patient charts up to date and legible
- Utilizes clinical forms as directed
- Stores patient charts as instructed
- Maintains confidentiality of information
- Follows guidelines for chart documentation.
- Confirms patient appointments
- Other _____

UAMS Department of Dental Hygiene

Professional Attributes and Judgment Pre-Clinic Form

Factors listed below provide an overview of dimensions considered in evaluating progress in Pre-Clinical Dental Hygiene. To continue in good standing the student must be competent in all areas. If a student is not competent in any category three times, the student must successfully complete a Remedial Plan to attain competence.

Professional Judgment

Competent Not Competent

- Establishes professional rapport with faculty, staff, and colleagues
- Demonstrates courtesy, tact, and consideration for others
- Demonstrates care and concern for peer partner's welfare
- Complies with clinical and departmental guidelines, policies, and procedures
- Accepts and applies constructive feedback
- Demonstrates appropriate personal hygiene and professional appearance
- Effective team member
- Employs appropriate ergonomic principles
- Provides informed consent to peer partner when necessary
- Seeks consultation and advice appropriately
- Clarifies daily lab agenda and procedures
- Selects and utilizes appropriate armamentarium for daily lab agenda
- Applies ethical principles of behavior when providing care to peer partner
- Demonstrates appropriate communication for care
- Other _____

Process Competencies

- See individual competency forms

Maintain Asepsis

Competent Not Competent

- Keeps work area neat and clean
- Maintains a safe clinical work area
- Follows infection control policies and procedures
- Other _____

Time Management

Competent Not Competent

- Applies problem-solving skills during Pre-Clinical lab time
- Demonstrates appropriate organizational skills
- Prepares for Pre-Clinical Lab time
- Focuses on tasks appropriately
- Uses lab time effectively
- Maintains appropriate level of activity for each lab
- Attends Pre-Clinical labs punctually
- Determines appropriate daily objectives for lab activities
- Other _____

Documentation/Records Management

Competent Not Competent

- Keeps charts up to date and legible when applicable
- Utilizes clinical forms as directed
- Stores or disposes of clinical forms as instructed
- Maintains confidentiality of information
- Follows guidelines for documentation
- Other _____

Student _____

Instructor _____

Date _____

UAMS DENTAL HYGIENE CLINIC

(501) 686-5733
healthprofessions.uams.edu/clinics/dhclinic

MAILING ADDRESS:
4301 West Markham, Slot 609
Little Rock, AR 72205

PHYSICAL LOCATION:
Freeway Medical Building
5800 West 10th Street, Suite 501
Little Rock, AR 72204

PATIENT REFERRAL

_____ was treated on _____.

The following services were performed:

- ☐ Medical history review
- ☐ Vital signs: BP _____/_____
- ☐ Exam: ___ Initial ___ Periodic
- ☐ Oral cancer screening
- ☐ Periodontal assessment
- ☐ Prophylaxis
- ☐ Fluoride application
- ☐ Oral hygiene instructions
- ☐ Radiographic imaging _____
- ☐ Sealant # _____
- ☐ Periodontal scaling _____
- ☐ Arestin placement _____
- ☐ Local Anesthesia _____
- ☐ Other:

During our examination of this patient, the following conditions were noted:

_____
_____
_____
_____
_____
_____
_____

Radiographic images available for this patient: FMX / BWX / Panoral dated:

These can be emailed to you upon request.

Thank you for your care of this patient.

_____ Student

_____ Faculty

_____ Date

ORAL HEALTH CLINIC

(501) 526-7619
https://uamshealth.com/location/oral-health-clinic/

UAMS
DELTA DENTAL OF ARKANSAS FOUNDATION
ORAL HEALTH CLINIC
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

The UAMS Delta Dental of Arkansas Foundation Oral Health Clinic is open to the public and ready to care for the dental needs of all Arkansans. We have an experienced staff that will provide quality, compassionate dental care for the entire family. The clinic is staffed by licensed faculty dentists, licensed resident dentists, registered dental hygienists and registered dental assistants.

The Clinic is currently accepting appointments for patients that are 5 years of age or older and offers the following services:

- Crowns
- Dentures/Partials
- Fillings
- Endodontic (root canal) therapy
- Extractions
- Implants
- Cleanings
- Dental Sealants
- Whitening/Cosmetic Services
- Other comprehensive dental service

Insurance: The Clinic and its dentists are Arkansas Medicaid Providers and are in-network with the following insurance providers:
Delta Dental (PPO provider)
Arkansas Blue Cross Blue Shield
Guardian

For patients that subscribe to other dental insurance carriers, our staff will gladly file a claim with your insurance provider as a courtesy. No provider referral is needed to obtain services at the UAMS Oral Health Clinic. Our knowledgeable staff will be glad to answer questions or assist you with questions regarding insurance and services provided.

To request an appointment in the UAMS Delta Dental of Arkansas Foundation Oral Health Clinic, please call 501-526-7619 .

UAMS | College of Health Professions

Dental Hygiene Clinic
5800 West 10th Street, Little Rock, Arkansas 72204
Office: (501) 686-5733 Fax: (501) 603-1994

Medical Clearance / Physician Consultation Form

Date: _____
Patient Name: _____ **DOB:** _____

To (Physician): _____
Phone: _____
Fax: _____

Recent Vital Signs:
Blood Pressure: _____ / _____ mmHg
Pulse: _____ bpm

Reason for Medical Consultation:

Your patient is currently receiving care in the Student Dental Hygiene Clinic. Prior to continuing with dental hygiene treatment, we request your evaluation and recommendations regarding the following medical condition(s):

☐ Hypertension (elevated blood pressure)
☐ Chemotherapy or radiation treatment
☐ Diabetes (uncontrolled)
☐ Cardiac condition / use of anticoagulants
☐ Joint replacement
☐ Other: _____

Physician Section (to be completed by provider)

May this patient receive routine dental hygiene care (cleaning, scaling, x-rays, local anesthesia if indicated)?
☐ **Yes** – No contraindications
☐ **Yes**, with the following precautions: _____
Premed Needed: what type and for how long? _____
If Hypertension: maximum systolic/diastolic _____
Avoid vasoconstrictors in local anesthesia? _____
☐ **No** – Defer dental hygiene treatment at this time

Physician's Name: _____
Signature: _____ Date: _____
Phone: _____ Fax: _____

Please complete and return this form to the UAMS Student Dental Hygiene Clinic at:
Fax: 501-603-1994 Phone: 501-686-5733

Thank you for your cooperation in ensuring the safety of our mutual patient.

UAMS College of Health Professions

Dental Hygiene Clinic

Release of Information Authorization

I understand I may grant permission for the dental hygiene student clinic to share my dental and financial information with a family member, friend, or a clinic who is not otherwise authorized by law to act on my behalf, by filling out the information below. I understand I am not required to grant this permission. This authorization will remain valid unless revoked in writing by the patient or legal representative.
I understand my protected health information will be released in accordance with the UAMS notice of Privacy Practices. I acknowledge I have received a copy of the UAMS Notice of Privacy Practices on this or a prior occasion.

Signature of patient: _____ Date: _____

Please list names of anyone you want to have access to your records.

Name: _____ Relationship_____ Phone#_____

Name: _____ Relationship_____ Phone#_____

Clinic Name: _____ Phone#_____

Information requested:
____ Copy of dental radiographs
____ Copy of dental chart and notes
A copy of this signed form is also valid as original.
Digital radiographs are to be provided to our clinic in a digital format.
*Pursuant to Health Information Technology for Economic and Clinical Health Act (HITECH Act, Pub. L. No.111-5, paragraph 13405€, 123 Stat. 115 (2009):
The HITECH Act supplements the Rule as follows: if a covered entity has implemented and HER system, individuals now have a right to obtain a copy of their PHI in an electronic format.

University of Arkansas for Medical Sciences

College of Health Professions

Department of Dental Hygiene

CONFIDENTIALITY STATEMENT

I understand that as a related part of my didactic and clinical education, I will have access to confidential information regarding patients of the UAMS Clinics (UAMS Dental Hygiene Clinic and UAMS 12th Street Health and Wellness Center), as well as UAMS affiliated clinical rotation sites, including the North Little Rock Veterans Administration Hospital, Arkansas Children's Hospital, Future Smiles Dental Clinic, Conway Regional Interfaith Dental Clinic, UAMS Oral Health Clinic, and CARTI Dental Clinic.

I will not violate the privacy of any patient by:

1. Discussing information with others, unless deemed necessary for patient care.

2. Placing confidentiality of information at risk by removing confidential patient records from the clinic and/or failing to implement appropriate procedures to assure the privacy of information while it is in my possession.

I understand that release of confidential information without permission of the patient is an invasion of privacy and breach of confidentiality. A breach of these civil rights may result in serious penalties as determined by the faculty and administration of the program or affiliated rotation sites, including dismissal from the UAMS Dental Hygiene Program. There is also the possibility of civil action brought upon by the patient.

My signature below indicates that I have read this statement carefully, understand its meaning, and agree to abide by the principles set forth in this policy.

_____ _____

Student Signature Date

University of Arkansas for Medical Sciences
College of Health Professions
Department of Dental Hygiene

CONFIDENTIALITY STATEMENT
For Dental Hygiene Student-Patients

I understand that as a related part of my didactic and clinical education, I will be partnering with fellow dental hygiene students for learning and practice and will have access to their confidential information.

I will not violate the privacy of any dental hygiene student-patient by:

1. Discussing information with others unless deemed necessary for patient care.

2. Placing confidentiality of information at risk by removing confidential patient records from the clinic and/or failing to implement appropriate procedures to assure the privacy of information while it is in my possession.

I understand that inappropriate discussion or release of confidential information without permission of the student-patient is an invasion of privacy and breach of confidentiality. A breach of these civil rights may result in serious penalties as determined by the faculty and administration of the program or affiliated rotation sites, including dismissal from the UAMS Dental Hygiene Program. There is also the possibility of civil action brought upon by the student-patient.

My signature below indicates that I have read this statement carefully, understand its meaning, and agree to abide by the principles set forth in this policy.

_____ _____

Student Signature Date

Signature Page

University of Arkansas for Medical Sciences
College of Health Professions
Department of Dental Hygiene
Clinic Manual
Revised Summer 2026

My signature below indicates that I have received a copy of the *UAMS Clinic Manual.* Furthermore, I have carefully read each policy and statement, have had the opportunity to ask questions and for clarification, understand their meanings and my responsibility, and agree to abide by the principles set forth.

Student name (print)	Student ID
Student signature	Date
Witness signature	Date

After signing this statement, please return it to the Clinic Coordinator. The student may request a signed copy.